



VOLUNTEER APPLICATION

Thank you for your interest in joining the volunteer community at the Taubman Museum of Art! Please follow these instructions to ensure a timely response.

1. Please complete all requested information.
2. Please print clearly using blue or black ink or type your responses.
3. Please allow 3-5 days to be contacted after your application is received.
4. Applications may be delivered, mailed or e-mailed.

Taubman Museum of Art
 Attn: Laura Moats
 110 Salem Avenue, SE
 Roanoke, Virginia 24011
 lmoats@taubmanmuseum.org
 540.204.4115

Personal Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		Name			
Mailing Address					
City		State		Zip	
Home	() -	Cell	() -		
Work	() -	E-Mail			
Preferred Method of Contact		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work	<input type="checkbox"/> E-Mail
I am currently a member of the Museum		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Volunteer Interest

Which opportunities are you interested in? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Visitor Services | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Gallery Host |
| <input type="checkbox"/> Museum Store | <input type="checkbox"/> Educational Programming |
| <input type="checkbox"/> Gallery Installation | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Art Venture Activities and Programming | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Administrative Office | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Communications | |

Availability and Frequency

Please check all that apply

During which hours are you available for volunteer assignments?

How often per month are you available?

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> 1 – 2 times per month |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons | <input type="checkbox"/> 3 – 4 times per month |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings | <input type="checkbox"/> 5 – 6 times per month |
| | | <input type="checkbox"/> On Call/Emergency |
| | | <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall |

Special Skills or Qualifications

Please list any special skills that you possess.

Computer Skills Please list programs or applications you would consider yourself to be proficient.

Foreign Language Fluency Please list other languages in which you can read, write or translate.

Other Skills Please list other skills or hobbies.

Person to Notify in Case of Emergency

Name		Relationship	
Contact Phone (list best number at which they may be reached)			

Demographic Information (optional)

Age	<input type="checkbox"/> 14 – 17	<input type="checkbox"/> 18 – 24	<input type="checkbox"/> 25 – 34	<input type="checkbox"/> 35 – 54	<input type="checkbox"/> 55 - 70	<input type="checkbox"/> < 70
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female				
Race	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian or Alaska Native			
	<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian or Pacific Islander	<input type="checkbox"/> Other:			
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non Hispanic or Latino				
Education	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate or Technical Degree			
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate or Professional Degree				

Agreement and Signature

I understand that my involvement and placement as a volunteer with the Taubman Museum of Art is at the discretion of the volunteer program. In becoming a volunteer, I will support the Museum's mission, vision and core values. I understand that a background check may be required and I will provide necessary information as requested. I also agree to attend volunteer orientation, trainings and workshops necessary to be successful in my position.

If under 18 years old, a parent or guardian must sign

Name (printed)		Parent or Guardian (printed)	
Signature		Signature	
Date		Date	

For Office Use Only

Date Application Received		Entered in Altru	
Contacted for Orientation			
Orientation Date			
Background	<input type="checkbox"/> yes	<input type="checkbox"/> no	