

Volunteer Application

Thank you for your interest in volunteering! Our volunteers help bring people and art together for discovery, learning, and enjoyment. Tell us a little about yourself so we can explore opportunities that fit your interests and availability. No previous museum or volunteer experience is required.

ABOUT YOU

Full name _____

Name you prefer to be called (if different)

Email address _____

Phone number _____

Preferred contact method: ☐ Email ☐ Phone ☐ Either

Street address

City/town and ZIP code

Are you at least 18 years old? ☐ Yes ☐ No (If no, we will follow up about youth volunteer requirements.)

HOW WOULD YOU LIKE TO HELP?

Check any areas that interest you. Opportunities depend on current Museum needs and may require training.

- ☐ Welcoming visitors/front desk
- ☐ Tours and art interpretation
- ☐ Art Venture/family activities
- ☐ Education programs/camps
- ☐ Special events
- ☐ Museum Shop/retail support
- ☐ Membership/development

- ☐ Administrative/office projects
- ☐ Community outreach
- ☐ Behind-the-scenes/collections or exhibitions support (when available)
- ☐ Wherever help is most needed
- ☐ Other: _____

YOUR INTERESTS AND EXPERIENCE

What interests you about volunteering at the Taubman Museum of Art?

Are there skills, interests, languages, or experiences you would enjoy sharing? (These may come from work, school, hobbies, or life experience.)

AVAILABILITY

When are you generally available? Check all that apply.

- ☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings
- ☐ Weekend mornings ☐ Weekend afternoons ☐ Weekend evenings

I would prefer: ☐ Regular shifts ☐ Occasional events/projects ☐ Either

Approximate frequency: ☐ 1-2 times/month ☐ 3-4 times/month ☐ More often ☐ Varies

Availability: ☐ Year-round ☐ Seasonal (please specify): _____

Anything else we should know about your schedule?

HELPING YOU HAVE A GOOD EXPERIENCE

What would you most enjoy doing or learning as a volunteer?

Is there anything we can provide or discuss to help you participate comfortably and successfully? (Optional; no medical information is needed.)

How did you hear about volunteering at the Museum? (Optional)

- ☐ Museum visit
- ☐ Friend/family
- ☐ Website/social media
- ☐ School/community group
- ☐ Other: _____

ACKNOWLEDGMENT

I confirm that the information I have provided is accurate to the best of my knowledge. I understand that submitting this application does not guarantee a volunteer placement. Depending on the role, the Museum may request additional information, orientation, training, references, and a background check before placement.

Applicant signature (typed name accepted for electronic submissions)

Date _____

If the applicant is under 18, a parent or guardian may be asked to provide consent before participation.

SUBMITTING YOUR APPLICATION

Please return your completed application to Sylvia Lane, Assistant Manager of Museum Membership and Volunteers, at slane@taubmanmuseum.org. Questions? Contact Sylvia at her email or 540.204.4124.