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| **MORRIS MUSEUM VOLUNTEER APPLICATION** |
| **BASIC INFORMATION (All fields are required)** |
|  |  |  |  |
| NAME |       | DATE |       |
| ADDRESS |       |
| CITY |        | STATE |       | ZIP |       |
| PHONE (HOME) |       | (CELL) |       |
| E-MAIL |       | OCCUPATION |       |
| AGE (IF MINOR) |       |
|  |  |  |  |
| **EMERGENCY CONTACT INFORMATION** |
|  |
| NAME |       | RELATIONSHIP |       |
| PHONE NUMBER(S) |       |
|  |  |
| **AVAILABILITY (Please check all that apply)** |
|  |
| [ ]  | MONDAY | [ ]  | TUESDAY  | [ ]  | WEDNESDAY | [ ]  | THURSDAY | [ ]  | FRIDAY |
| [ ]  | SATURDAY | [ ]  | SUNDAY |  |  |  |  |  |  |
| [ ]  | MORNINGS | [ ]  | AFTERNOONS | [ ]  | EVENINGS |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **WHICH DEPARTMENTS WOULD YOU BE INTERESTED IN VOLUNTEERING?** |
|  |
| [ ]  | SPECIAL EVENTS | [ ]  | THEATRE/BOX OFFICE/USHERING |
| [ ]  | FRONT DESK | [ ]  | FRONT DESK |
| [ ]  | MUSEUM SHOP | [ ]  | PRIVATE EVENTS (RENTALS: WEDDINGS, PARTIES ETC – OCCUR EVENING HOURS/WEEKENDS) |
| [ ]  | COLLECTIONS/EXHIBITIONS | [ ]  | SPARK!LAB |
| [ ]  | GUINNESS COLLECTION DEMONSTRATOR |

|  |  |
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|  | \*PLEASE NOTE, THERE MAY NOT BE OPENINGS IN ALL DEPARTMENTS. |  |  |
|  |  |  |  |
| WHAT BROUGHT THE MORRIS MUSEUM VOLUNTEER PROGRAM TO YOUR ATTENTION? |
|  |
|       |
|  |
| PLEASE DESCRIBE ANY SPECIAL TALENTS, INTERESTS, HOBBIES, CERTIFICATION, OR SKILLS YOU POSSESS THAT MIGHT BE USEFUL IN YOUR VOLUNTEER EXPERIENCE AT THE MORRIS MUSEUM. |
|  |
|       |
|  |
| ARE THERE ANY PHYSICAL LIMITATIONS THAT WE SHOULD CONSIDER BEFORE ASSIGNING YOU A POSITION? PLEASE DESCRIBE. |
|  |
|       |
|  |
| PREVIOUS OR CURRENT WORK/VOLUNTEER EXPERIENCE: |
|  |
|       |

Please return your volunteer application along with your resume to**:**

EMAIL: info@morrismuseum.org

MAIL: Morris Museum

 6 Normandy Heights Road

 Morristown, NJ 07960

We appreciate your interest in the Morris Museum!