



# MUSEUM AMBASSADOR APPLICATION

Semester(s):  
 Fall  Spring  Both

Application date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please complete the following information.

## I. Contact Information

Name: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

## II. Availability

At what times are you available to volunteer for the Museum? Please check all times that apply. Note that the Museum is closed on Mondays; however, please indicate if you are free at any time on Mondays for other Museum related opportunities.

\*Special Event opportunities will be available on weekends and evenings\*

Day	9:00-10:00	10:00-11:00	11:00-12:00	12:00-1:00	1:00-2:00	2:00-3:00	3:00-4:00
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Are you interested in Special Event opportunities on weekends and evenings?  Yes  No

## III. Skills/Interests

Classification: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Hobbies/Interests/Skills: \_\_\_\_\_

Group Affiliations: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Have you ever worked or volunteered in a museum?  Yes  No

If yes, please complete the following: Institution name: \_\_\_\_\_ Dates: \_\_\_\_\_

Describe your Duties: \_\_\_\_\_

Is there a particular type of volunteer work that interests you? Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Art handling            | <input type="checkbox"/> Membership management |
| <input type="checkbox"/> Cataloguing collections | <input type="checkbox"/> Museum mailing        |
| <input type="checkbox"/> Event publicity         | <input type="checkbox"/> Museum reception desk |
| <input type="checkbox"/> Exhibition installation | <input type="checkbox"/> Program development   |
| <input type="checkbox"/> General administration  | <input type="checkbox"/> Research              |
| <input type="checkbox"/> Guided tours            | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Host special events     |  |

Is there a special talent or skill that you possess that will be particularly useful to the Museum?

\_\_\_\_\_

\_\_\_\_\_

Is there a specific group you are particularly interested in working with? Check all that apply.

- |                                   |  |  |                                |
|-----------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Adults   | <input type="checkbox"/> Disabled      | <input type="checkbox"/> Senior Citizens | <input type="checkbox"/> Other |
| <input type="checkbox"/> Children | <input type="checkbox"/> No Preference | <input type="checkbox"/> Students        | _____                          |

How did you hear about the Museum Ambassador Program?

- |                                     |  |                                      |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Flyer      | <input type="checkbox"/> Museum staff  | <input type="checkbox"/> Faculty     |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other _____ |

**IV. Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**V. Signature**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to the Museum's  
administrative offices located on the second floor, Room 218  
or the Museum located on the first floor of the  
Camille Olivia Hanks Cosby, Ed.D. Academic Center**

**Reserved for Museum Staff use**