

STUDENT ASSISTANT APPLICATION

Semester(s): O Fall O Spring I Academic Year: _____

| I. Contact Inform | ation | |
|-------------------------------------|-------------------------------|--|
| Name: | | |
| Address: | | |
| City, State Zip: | | |
| Telephone: | | |
| Email address: | | |
| II. Skills/Interests | ; | |
| Classification: Major: Minor: | | |
| Hobbies/Interests/S | kills: | |
| Group Affiliations: | | |
| Previous volunteer a | and/or employment experience: | |
| | | |

| Have you ever worked or volunteered in a museum? O Yes O No If yes, please complete the following: | |
|---|----------------------|
| Institution: | |
| Dates: | |
| Describe your Duties: | |
| | |
| Is there a special talent or skill that you possess that will be particularly u | seful to the Museum? |
| What do you want to learn or gain as a Museum Assistant? | |
| | |
| How did you hear about this opportunity? O Flyer O Museum staff O Social Media O Instructor O Word of mouth O Other | |

III. Availability

At what times are you available to work for the Museum? Please check all times that apply.

| Day | 9:00 - | 10:00 - | 11:00 - | 12:00 - | 1:00 - | 2:00 - | 3:00 - | 4:00 - |
|-----------|--------|---------|---------|---------|--------|--------|--------|--------|
| | 10:00 | 11:00 | 12:00 | 1:00 | 2:00 | 3:00 | 4:00 | 5:00 |
| Monday | | | | | | | | |
| Tuesday | | | | | | | | |
| Wednesday | | | | | | | | |
| Thursday | | | | | | | | |

| IV. Emergency Co | ontact Information |
|------------------|--|
| Name: | |
| Relationship: | |
| Phone: | |
| V 6: | |
| V. Signature | |
| Signature: | |
| Date: | |
| | npleted application, a letter of interest, resume, transcript, and at of recommendation to Cosby #218 or the Spelman College Museum by, 1st Floor) |
| | Reserved for Museum Staff use |
| | |
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Friday Saturday