

Education Volunteer Program Application

Personal Information

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email address: _____

Employment Information

Employer name: _____

Job title: _____

Education

Current education: _____ School name: _____

Degree: _____

Availability

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Morning:

Afternoon:

Evening:

Volunteer Experience and/or Special Skills

List other organizations where you have volunteered and duties performed, as well as, any special skills you would like to share (e.g., you are bilingual).

Demographic Information

This section is optional, and will only be used to help the museum gain a better understanding of the demographic make-up of our volunteers.

Date of birth: _____ Gender: _____

Ethnicity: _____ Age: _____

References:

Please list the contact information for two references (no family members, please).

Name: _____ Home phone: _____

Cell phone: _____ Relationship: _____

Name: _____ Home phone: _____

Cell phone: _____ Relationship: _____

Emergency Contact Information

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Relationship: _____

Authorization for Background Check

I agree to a background check by the Amon Carter Museum of American Art: Yes No

Signature

Date

Volunteer Questionnaire

1. What interested you about volunteering at the Amon Carter?

2. What would you say are three of your strengths?

3. What are your personal goals for this experience?

4. There is a required two hour orientation and training for this volunteer position. Additional training sessions will be required after you begin volunteering. Are you willing to attend these training sessions?

Yes No

5. Do you have any questions or concerns that you would like to ask us?

Please email your completed application form and questionnaire to education@cartermuseum.org.