

# AMERICAN MUSEUM OF NATURAL HISTORY



## VOLUNTEER APPLICATION

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone:** Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Email \_\_\_\_\_

Age  16-17 (requires parental consent)  Over 18

Do you request any special accommodations due to physical disability? If so, please describe:

\_\_\_\_\_

### **EDUCATION**

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Undergraduate College \_\_\_\_\_

Degree Earned \_\_\_\_\_ Field of Study/Major \_\_\_\_\_

Number of years attended \_\_\_\_\_ Class Year \_\_\_\_\_

Graduate Study/University \_\_\_\_\_

Degree Earned \_\_\_\_\_ Area Study \_\_\_\_\_

### **EMPLOYMENT HISTORY** If a resume is available please submit with application

Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Type of Business \_\_\_\_\_ Position held \_\_\_\_\_

Supervisor Name & Number \_\_\_\_\_

#### **Volunteer Work:**

Organization \_\_\_\_\_ Active Dates \_\_\_\_\_

Position held/Duties \_\_\_\_\_

Supervisor Name & Number \_\_\_\_\_

Have you interned/worked with us in the past?  No  Yes

If yes, please indicate the capacity: EMPLOYEE \_\_\_ VOLUNTEER \_\_\_ TEMP \_\_\_ OTHER \_\_\_

Specify title and department of function: \_\_\_\_\_

Are you related to a Museum employee?  No  Yes

If yes, specify name and department: \_\_\_\_\_

**Special skills or training?** \_\_\_\_\_

**Computer skills?** \_\_\_\_\_

**Fluent in another language?** Please specify: \_\_\_\_\_

Is there a specific department or program at the museum in which you would like to work, if a volunteer job was available? \_\_\_\_\_

Why do you want to volunteer at the American Museum of Natural History?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who/What encouraged you to call the Volunteer Office? \_\_\_\_\_

**References:**

Please list three people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name	Address	Zip Code	Phone	Relationship
1. _____				
2. _____				

**AVAILABILITY:** Please check the times you are available to volunteer.

	Mon.	Tues.	Wed	Thurs.	Fri	Sat	Sun
9am – 1pm							
1pm – 5pm							

When can you start? \_\_\_\_\_

A minimum commitment of 1 year is required; can you meet this requirement? \_\_\_\_\_



**In case of Emergency, please notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Date Interviewed \_\_\_\_\_ Interviewer \_\_\_\_\_

Assignment \_\_\_\_\_ TEMP ID DATE OF ISSUE: \_\_\_\_\_

Supervisor \_\_\_\_\_

Obtained Signed Security Authorization form  Yes DATE OF ISSUE: \_\_\_\_\_

ADDITIONAL INFORMATION:

Probationary ID: \_\_\_\_\_

Permanent ID: \_\_\_\_\_