



New Haven Museum

NEW HAVEN MUSEUM VOLUNTEER APPLICATION

The New Haven Museum needs volunteers for numerous activities. If you are interested in volunteering, please complete this form and return it to the front desk at 114 Whitney Avenue. You may also submit your application by fax to 203.562.2002 or by email to: info@newhavenmuseum.org.

Thank you for your interest in the New Haven Museum!

CONTACT INFORMATION

First Name	Middle Initial	Last Name
Daytime Telephone	Email	Evening Telephone
Street Address	City	State

WORK EXPERIENCE

Employer	Duties	From/To

VOLUNTEER EXPERIENCE

Organization	Duties	From/To

Special Interests

Please detail special interests you have relative to your placement as a volunteer at the New Haven Museum :

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New Haven Museum

VOLUNTEER PREFERENCES

Please check ALL that apply and indicate interest level per the scale provided:

Special Events <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Museum <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Mailing <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
Colony Shop <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Education <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Phone <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
Hospitality <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Computer Data Entry <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Work from Home <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not
Library <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Typing <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not	Other:

SKILLS

Please rate all per the scale provided:

Microsoft Word <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Customer Service (Phone and In-Person) <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Training / Education <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice
Microsoft Excel <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Retail Sales <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Public Speaking <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice
Microsoft PowerPoint <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Fundraising <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Sales and Marketing <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice
Writing / Content Creation <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Event Management <input type="checkbox"/> Expert <input type="checkbox"/> Proficient <input type="checkbox"/> Novice	Other:

AVAILABILITY

Please indicate your availability per the scale provided:

Monday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both
Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both	Saturday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both
Sunday <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both	Holidays <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <input type="checkbox"/> Both	Travel <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly

REFERENCES

Name	Relationship	Contact Information