



NATIONAL MUSEUM
of WILDLIFE ART

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at the National Museum of Wildlife Art.
Please take a few minutes to fill out this application.

PERSONAL

1. Name: _____

2. Mailing Address: _____

3. City/State: _____

4. Physical Address: _____

5. Second Residence: _____

6. City/State: _____

7. Home Telephone: _____ Cell phone: _____

E-Mail address: _____

Birth date: (Just month and day) Month _____ Day _____

For Seasonal Residents:

If you live in Jackson part of the year please indicate time or times of the year you are in the valley:

EDUCATION

Name of Institution: _____

Diploma/Degree: _____

Major Course of Study: _____

Foreign languages spoken: _____

EMPLOYMENT / VOLUNTEER EXPERIENCE

Organization _____

Title / Responsibilities _____

Dates _____

Organization _____

Title / Responsibilities _____

Dates _____

**HAVE YOU WORKED ON A PAID OR VOLUNTEER BASIS FOR NMWA
IN THE PAST?**

IF SO, IN WHAT CAPACITY? _____

REASON FOR LEAVING: _____

REFERENCES

Name_____

Address and phone_____

Affiliation_____

Name_____

Address and phone_____

Affiliation_____

Areas of volunteer service at The National Museum of Wildlife Art:

Please check off any areas that may interest you:

_____ *Docent Tours- additional training involved

_____ Gallery Service

_____ Registrar's

_____ Museum Shop

_____ Youth Education

_____ Education

_____ Special Events

_____ Library/Archives

_____ Admissions Desk

Please indicate days of the week you are available for volunteering:

In case of emergency please contact:

Name:_____

Phone_____

Cell phone_____

AGREEMENT: I certify that the information on this application is true, complete, and correct. I authorize the investigation of my past employment, education, and activities and I release from all liability and persons, companies, and corporations supplying such information. I understand that false answers, statements, or significant omissions made by me shall be sufficient cause for denial of my application of discontinuance thereof.

Signature_____

Date_____