



VOLUNTEER APPLICATION

*Your application will be processed and you will be contacted for an interview as opportunities become available.
We regret that we are unable to accommodate all who apply.*

Name (please print all information) _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alt. Phone: _____

Email Address: _____

Student ____ Professional ____ Retired ____

Emergency Contact: _____ Phone: _____

Education: Degree/School _____

Present Employment/Hrs: _____

Please attach resume, if available

References: (1) _____

(2) _____

Name, relationship, phone/email. (Do not include family)

Volunteer Experience: _____

Other Areas of Interest: _____

Special Skills: _____

Foreign Languages: _____

Availability: (Indicate time of day) MON _____ TUE _____ WED _____

THU _____ FRI _____ SAT _____ SUN _____ (40 hours annually required).

Placement Possibilities: (check areas of interest)

Information Desk _____ Membership _____ *Docent _____ Other _____

**Please note that Docent tour guides are selected from the volunteer pool, and must have served with the Museum as a volunteer for a minimum of one year before being considered.*

Volunteer Signature: _____ Date: _____

Confidential and proprietary information handled or received by volunteers during the course of their work at the Museum is the property of the Museum of the City of New York and all volunteers are expected to maintain the confidentiality of proprietary business information.

Please return to: Coordinator of Volunteer Programs, Museum of the City of New York, 1220 5th Avenue, New York, NY 10029. www.mcny.org. Email: volunteercoordinator@mcny.org.