



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: _____

Volunteer Signature: _____ Date: _____

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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.