



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

Volunteer Experience: _____

Other Areas of Interest: _____

Special Skills: _____

Foreign Languages: _____

Please note: Human Resources at MCNY will request a level 1 background check before you begin volunteering.

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.