



Mitchell Museum of the American Indian

Volunteer Application

Section A: Personal Data

Last Name: _____ First Name: _____

Address/City/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Section B: Present Status

Are you: Employed Student Unemployed Retired
 Other: _____

Section C: Background (Please provide a résumé, if available, and skip to Section D)

Previous volunteer activities and experiences: _____

Brief professional background: _____

Educational background and interests: _____

Section D: Mitchell Museum

How did you learn about the Mitchell Museum? _____

Why do you want to volunteer at the Mitchell Museum? _____

What would you like to do as a volunteer at the Mitchell Museum? _____

Do you have any physical limitations that could affect your volunteer assignment? Yes No

If yes, please explain: _____

As a Mitchell Museum Volunteer you will receive valuable training from our staff. Some volunteers work a few hours every other week while others several days a week. We ask that all volunteers commit to at least one regular 2 to 3 hour shift every week.

I would like to volunteer _____ hours per week

I am available to volunteer:

Museum Hours	Start Time	End Time
Tuesday (10 am to 5 pm)		
Wednesday (10 am to 5 pm)		
Thursday (10 am to 8 pm)		
Friday (10 am to 5 pm)		
Saturday (10 am to 5 pm)		
Sunday (12 noon to 4 pm)		

Section E: References

Name: _____

Source: Work Volunteer Experience Educator Personal

Address/City/Zip: _____

Phone: _____ Email: _____

(2) Name: _____

Source: Work Volunteer Experience Educator Personal

Address/City/Zip: _____

Phone: _____ Email: _____

(3) Name: _____

Source: Work Volunteer Experience Educator Personal

Address/City/Zip: _____

Phone: _____ Email: _____

Section E: Volunteer Application Certification and Authorization (Please read carefully and sign)

I certify that the information provided in this Volunteer Application, any attached résumé or other materials provided is truthful, accurate and complete. I approve verification of all statements made. I authorize former employers and/or educational institutions to provide information about me and release them from liability for providing such information to the Mitchell Museum of the American Indian.

Signature: _____ Date: _____

Please return your completed, signed application and your résumé to:

Mitchell Museum of the American Indian
Attn: Kathleen McDonald, Executive Director
Email: kmcdonald@mitchellmuseum.org
3001 Central Street - Evanston, Illinois 60201