Mystic Museum of Art

9 WATER STREET MYSTIC CONNECTICUT 06355 T:860.536.7601 MYSTICMUSEUMOFART.ORG

Youth Volunteer Application (for those under 18 years of age)

Name					
Name of Legal Guard	lian				
Home Address					
Work Address					
Email Address					
Vol. Cell Phone	Vol. Home Phone			Vol. Work Phone	
Leg. Gaur. Cell Phone	Leg. Gaur. Home Phone		Leg	Leg. Gaur. Work Phone	
Availability (check ar	ny you are willing t	co work)			
Day	Morning	Afternoon		Evening	
Monday				_	
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Frequency:	Weekly		n-Call, as n	eeded	
Indicate the type of v	work you're interes	sted in doing (c	heck all th	nat apply)	
Office Assistant	istant (data entry, copying, etc.)		Street Team		
Visitor Services	Assistant (phone, reception)		Speci	Special Event Assistance	
Class Assistant	Class Assistant (child and adult)			Exhibitions Receiving	
Maintenance (b	Maintenance (building, equipment)			Exhibitions Runner	
Please tell us why you l	have an interest in v	olunteering at MI	МоА		

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Current School Name	Graduation Year	Honors/Activities
Work Experience Organization Name/Address	s Position Held/Year	Employed Duties
_		
3.		
Volunteer Experience Organization Name/Addi		Employed Duties
6		
Other Skills (writing, comp References (Please list three people who Name	o can serve as professional references	s for you) Contact Info (phone/email)
1		
2	,	
3.		

Return completed volunteer applications to mbaker@mysticmuseumofart.org or: Volunteer Coordinator
Mystic Museum of Art
9 Water Street
Mystic, CT 06355