

New Volunteer APPLICATION

CONTACT INFORMATION

Name: _____
Last First Middle Initial

Mailing Address: _____
Street Address City State ZIP

Phone: _____
Cell Home Email Address

Emergency Contact: _____
Name Phone

SEASONAL RESIDENT INFORMATION

I am a seasonal Door County resident.

Winter Mailing Address: _____
Street Address City State ZIP

AVAILABILITY

Please indicate the months you **ARE AVAILABLE** to volunteer:

<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
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Please indicate the days and time of day you **ARE AVAILABLE** to help (check all that apply):

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening					<input type="checkbox"/> Evening

Please list any additional plans that could potentially impact any volunteer schedule such as extended travel or planned medical procedures that we should be aware of: _____

EMAIL PREFERENCES:

We keep volunteers informed of important news, schedules, and volunteer opportunities by email, however we will not send you any email you prefer not to receive. Please use the check box below to opt-out of receiving news and updates from us via email:

I do **NOT** wish to receive important museum news, schedules, and volunteer opportunities by email. By checking this box, I understand that I am opting out of receiving regular reminders for opportunities I have signed-up for.

INTERESTS:

Please indicate your areas of interest(s) from the information below:

EXHIBITIONS & COLLECTIONS

- Exhibit installation (install/hanging artwork)
- Exhibit installation (dismantle/packing)
- Exhibit installation (labels, clean up, etc.)
- Collection management (cataloging, data entry and other permanent collection-related tasks)
- Acquisitions Committee (add'l application required)

EDUCATIONAL

- *Docent (for adults)
- *Docent (for youth, K-6)
- Special children's activities
- Picture Program* presenter
- Senior *Picture Program* presenter

* A docent is a person who acts as a tour guide in a museum. Pre-tour preparation would be required.

SOCIAL

- Volunteer Committee
- Special event host (receptions, etc.)
- Food prep: hors d'oeuvres (preparation of savory food for receptions and other events)
- Food prep: sweets (preparation of sweet treats for receptions and other events)
- Social media content development
- REGULAR** museum desk attendant
- SUBSTITUTE - ONLY** museum desk attendant

FUNDRAISING, ADMINISTRATIVE & MUSEUM LEADERSHIP

- Art & Treasures Sale* (help receive items/price/assist with sales)
- Art & Treasures Sale* (I have items to contribute)
- Annual Fundraiser* (theme varies each year; assistance would include help with live and/or silent auctions, processing sales, greetings guests, passing hors d'oeuvres, serving beverages, event clean-up, event set-up, etc.)
- Bulk mailings
- Office cleaning
- MAC Foundation Board of Directors (add'l application required)
- Museum Operations Board of Directors (add'l application required)

SKILLS/EXPERIENCE

1. Do you speak any other languages? _____

2. Do you have any physical limitations? Yes No If yes, please describe: _____

3. How did you hear about us? _____

4. Why would you like to volunteer for the Miller Art Museum? _____

5. Please tell us briefly about any experience, other skills or training you have that you think would aide you in this role. *(This may include other volunteer experience(s), previous work experience, relevant life experiences):* _____

DEMOGRAPHIC INFORMATION

Please provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers and for grant reporting purposes:

Age Group: 15-19 20-34 35-54 55-70 75+

Gender: M F Non-binary/third gender Prefer to self-describe _____ Prefer not to say

Origin: African American Asian Caucasian Hispanic Other _____

**Thank you for your interest in volunteering with the Miller Art Museum.
We look forward to working with you!**

Please return completed form to: Miller Art Museum • 107 South 4th Ave. • Sturgeon Bay, WI 54235
P: 920.746.0707 (ofc) 920.746.7124 (museum) **E:** info@millerartmuseum.org **W:** www.millerartmuseum.org