

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Age (check one) 13-17* 18-24 25-39 40-55 55 and up

*Children are eligible to volunteer, however must be accompanied or supervised by an adult.
Guardians must sign a volunteer application.

Pronouns: _____

Emergency Contact _____

Home Phone _____ Cell Phone _____

Overall availability – generally, what is your availability to volunteer? (daily/weekly/monthly)

Please let us know of any accessibility or dietary needs below

Which volunteer role is most interesting to you? (check all that apply)

- Special event assistant
- Administrative assistants
- Special projects/committee assistants
- Facilities assistants
- Artist demonstrators/narrators
- Education assistants
- Museum assistants

Do you have any experience/skills in the following categories? Please check all that apply.

Experience/Skill	Summary of experience	Level of proficiency
<input type="checkbox"/> Teaching/education		
<input type="checkbox"/> Public speaking		
<input type="checkbox"/> Glassblowing, ceramics, other art/craft		
<input type="checkbox"/> Clerical/Administrative		
<input type="checkbox"/> Maintenance		
<input type="checkbox"/> Customer service		
<input type="checkbox"/> Gardening/weeding		
<input type="checkbox"/> Event planning		
<input type="checkbox"/> Fundraising		
<input type="checkbox"/> Database entry		
<input type="checkbox"/> Volunteering		
<input type="checkbox"/> Fluency in another language		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

Are you willing to submit to a background check? Yes No

Are you volunteering for general community service or school service learning hours? Yes No

Are you volunteering for court-mandated community service hours? We are a verified community service site for Cumberland County. Yes No

Please provide two personal/professional references.

Name	Contact number	Relationship
_____	_____	_____
Name	Contact number	Relationship
_____	_____	_____

How did you hear about the WheatonArts volunteer program?

What do you hope to gain from this experience?

Volunteer Agreement

I, _____, certify that the information provided in this application is correct and complete to the best of my knowledge. I understand that my participation with WheatonArts is completely voluntary and either I or the organization can terminate this agreement at any time.

We celebrate, support, and value a diverse community. We are committed to creating an inclusive and safe environment. By signing this volunteer agreement, I have acknowledged that I have read the Volunteer Guide and understand my rights and responsibilities as a WheatonArts Volunteer.

To attain full volunteer status, volunteers must donate 20 hours a year. Benefits for active volunteers include discounts in the Museum Shops and free admission.

After completing 100 volunteer hours, you will earn a complimentary Make Your Own Paperweight experience. After completing 250 volunteer hours, you will earn a complimentary Sustaining Membership (includes the North American Reciprocal Museum Program). After completing 500 volunteer hours, you will earn a complimentary Make Your Own Vessel experience.

Signature

Date

Signature of guardian (if under 18)

Date

Signature of WheatonArts Representative

Date