

Volunteer Application

Date _____

Name _____

Day Phone _____ Evening Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Emergency contact name _____ Emergency contact phone _____

Current employment: _____ Not currently employed

Volunteer experience (if any): _____

Education (relevant) _____

Other skills, training, hobbies that may apply _____

Languages (note whether spoken/read/written and proficiency level) _____

Are you a member of Museum of Contemporary Craft? (circle one) Yes No

Why are you interested in volunteering at Museum of Contemporary Craft? _____

Please indicate your availability (circle all that apply):

Are you available on an on-call basis (i.e.: if an unexpected need arises, can Museum staff contact you via phone?): Yes No

MON	TUES	WED	THUR	FRI	SAT	SUN
11 AM-2:30 PM	11 AM-2:30 PM	11 AM-2:30 PM	11 AM-2:30 PM	11 AM-2:30 PM	11 AM-2:30 PM	11 AM-2:30 PM
2:30 PM-6 PM	2:30 PM-6 PM	2:30 PM-6 PM	2:30 PM-6 PM	2:30 PM-6 PM	2:30 PM-6 PM	2:30 PM-6 PM
5 PM-9 PM	5 PM-9 PM	5 PM-9 PM	5 PM-9 PM	5 PM-9 PM	5 PM-9 PM	5 PM-9 PM

Museum of Contemporary Craft

What type of volunteer work you are interested in (circle all that apply):

The Gallery Front Desk Exhibition Attendent Administrative Special Events Education

Other – please describe _____

Please describe any medical conditions that we should be aware of _____

Have you ever been convicted of a crime? (circle one) Yes No

If yes, please give a short explanation outlining the circumstances of your conviction indicating date, nature and place of offense and disposition (do not include traffic violations or convictions sealed or annulled by the court). Convictions will not necessarily disqualify you from the volunteer position for which you are applying

I certify that the above statements made by me are true and complete to the best of my knowledge and are made in good faith. I hereby give my permission for you to verify any information included in this application. I agree to abide by existing and future instruction, rules and policies of Museum of Contemporary Craft. I understand that my position can be terminated at any time, at the option of Museum of Contemporary Craft or myself. I understand that as a volunteer I will perform my duties without compensation.

Signature: _____ Date: _____

Questions? Please contact: Claire Patoine, volunteer@MuseumofContemporaryCraft.org, 503.223.2654

Submit your completed application to:
Museum of Contemporary Craft
Volunteer Opportunities, Attn: Claire Patoine
724 NW Davis Street
Portland, Oregon 97209

Applications may be submitted by e-mail to: volunteer@MuseumofContemporaryCraft.org

Museum of Contemporary Craft