VOLUNTEER APPLICATION

SAVANNAH AFRICAN ART MUSEUM

Date

Print Name

Address City, State, Zip

( ) ( )

Mobile # Home #

Email Address

OFFICE USE ONLY

Interview Scheduled? _____

Interview Date: _____

Interviewer: _____

Training Start Date: _____

Have you volunteered anywhere before?	☐ Yes ☐ No
Do you have any experience working with the public?	☐ Yes ☐ No
Do you have any experience working with children?	☐ Yes ☐ No
Do you have a background and/or interest in art, history, or museums?	☐ Yes ☐ No
Do you have the following skills? ability to read and send emails, download and send attachments, conduct web research.	☐ Yes ☐ No

Have you worked with any previous organizations as a volunteer? If so, which one, time volunteered, briefly describe your work:_____

Are you fluent in any languages other than English? If so, which one(s)?_____

Why are you interested in volunteering here at the Savannah African Art Museum?_____

Please list any hobbies, skills, or interests that you may have:_____

REFERENCES

Name Relationship Years Known Email Address or Phone Number

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EMERGENCY CONTACT

Name Relationship Phone Number Street Address City/State Zip

If selected to join the museum's docent program, I understand that I will not be paid for my services. I will adhere to the rules and regulations of the museum. Violation of museum policy and procedure may result in my expulsion from the program.

By signing this application, I agree to the above terms.

AVAILABILITY

Wed	11:00 – 5:00	Fri	11:00 – 5:00
Thu	11:00 – 5:00	Sat	11:00 – 5:00

Applicant Signature Date

Version 102023