SAVANNAH AFRICAN ART MUSEUM

VOLUNTEER APPLICATION

General Information

Name: _____ _____

Address: _____

Phone Number: _____ _____

Email: _____

Experience

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 any background and/or interest in art, history, or museums? ☐ Yes ☐ No

What previous volunteer experience do you have?
Organization(s): _____

Amount of time Volunteered: _____ Volunteer Department: _____

Briefly discribe your volunteer experience: _____

_____

_____

_____

_____

_____

Experience

Participants in the Docent Program at the Savannah African Art Museum must have the following skills: can read and send emails, download and send attachments, conduct web based research, and can upload and download Google Drive documents.

☐ I have these Skills ☐ I do not have these skills and require training

Are you fluent in any languages in addition to english? ☐ Yes ☐ No

If you marked Yes, which languages are you fluent in? _____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

Availability

Which of the following days are you available to volunteer your time?

☐ Wednesday AM (11:00 AM - 1:30 PM)
☐ Wednesday PM (1:30 PM - 5:00 PM)
☐ Thursday AM (11:00 AM - 1:30 PM)
☐ Thursday PM (1:30 PM - 5:00 PM)
☐ Friday AM (11:00 AM - 1:30 PM)
☐ Friday PM (1:30 PM - 5:00 PM)
☐ Saturday AM (11:00 AM - 1:30 PM)
☐ Saturday PM (1:30 PM - 5:00 PM)

References

Please list all references below:

Name	Relationship	Years Known	Email Address

Acknowledgement

If selected as a volunteer in the Savannah African Art Museum Docent Program, I understand that I will not be paid for my services. Additionally, I will be expected to adhere to the rules and regulations of the museum. Violation of museum policies and procedures may result in expulsion from the program, and a background check may be conducted.

By signing this document, you are agreeing to the above terms listed in this document.

_____ _____

Signature Date

_____

Printed Name

Office Use Below This Line

Interview Date:_____ Interviewed By: _____

Training Date:_____ Trained By: _____

Start Date: _____