

# VOLUNTEER APPLICATION

Please print clearly using black or blue ink.



Volunteer Manager  
704 1st Avenue North  
Fargo, ND 58102

(701) 232-3821  
www.plainsart.org

Application date \_\_\_\_\_ (This application will remain active for 60 days)

Volunteer positions applying for:  Docent  Greeter  The Store

Children's Events  Café Muse  The Gala  Other \_\_\_\_\_

Date available to start \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Daytime Telephone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Evening Telephone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

## POSITION INTERESTS

How did you learn of the Plains Art Museum? \_\_\_\_\_

Hours desired: \_\_\_\_\_ per day \_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_ per year

Availability to volunteer (check all that apply)

	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Mornings: 8:00 AM to 12:00 PM							
Afternoons: 12:00 PM to 5:00 PM							

Interests and experience: (I) = Interest (E) = Experience

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Art History | <input type="checkbox"/> Host/Greeter    | <input type="checkbox"/> Editing/Proofing | <input type="checkbox"/> Art Making Activities |
| <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography      | <input type="checkbox"/> Computer Programs     |
| <input type="checkbox"/> Tour Guide  | <input type="checkbox"/> Grant Writing   | <input type="checkbox"/> Graphic Arts     | <input type="checkbox"/> Website Maintenance   |
| <input type="checkbox"/> Docent      | <input type="checkbox"/> Grant Research  | <input type="checkbox"/> Bulk Mailings    | <input type="checkbox"/> Marketing             |
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Phone Reception | <input type="checkbox"/> Advertising      | <input type="checkbox"/> Fundraising           |
| <input type="checkbox"/> Teaching    | <input type="checkbox"/> Event Planning  | <input type="checkbox"/> Retail Sales     | <input type="checkbox"/> Other _____           |

Do you speak a language other than English?  No  Yes - Please specify \_\_\_\_\_

Do you read that language?  No  Yes - Do you interpret that language?  No  Yes

Do you know American Sign Language  No  Yes - Are you a licensed ASL Interpreter?  No  Yes

## REFERENCES

Please list three (3) references who have knowledge of your qualifications, skills, and abilities to perform in the volunteer position you are applying for.

<u>Name</u>	<u>City &amp; State</u>	<u>Daytime Telephone</u>	<u>Relationship</u>	<u>Years Known</u>
_____	_____	(____) _____	_____	_____
_____	_____	(____) _____	_____	_____
_____	_____	(____) _____	_____	_____

## VOLUNTEER HISTORY

Are you under age 18?  No  Yes — If yes, a parent or guardian must accompany you during your assignment.

Do you have prior volunteer experience?  No  Yes — Please begin with your most recent organization

• Organization \_\_\_\_\_ City & State \_\_\_\_\_ From \_\_\_\_\_  
Mo. Yr.

Position \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ To \_\_\_\_\_

Service Performed \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

• Organization \_\_\_\_\_ City & State \_\_\_\_\_ From \_\_\_\_\_  
Mo. Yr.

Position \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ To \_\_\_\_\_

Service Performed \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Please list any additional skills, experiences, honors, awards, special licenses, certifications, community and volunteer activities you feel may be helpful to us in considering your application.

## GENERAL INFORMATION

The Plains Art Museum is an equal opportunity employer. It is the policy of this organization to encourage individuals to participate in the volunteer programs without discrimination based on race, color, sex, national origin, religion, marital status, disability, age, or sexual orientation.

## APPLICANT'S CERTIFICATION AND AGREEMENT

*Please Read Carefully Before Signing*

**I authorize the referenced persons and organizations to give the Plains Art Museum information concerning my information covered by this application.** I release all parties from all liability for furnishing information. My permission is given to the Plains Art Museum to request and release this information.

**I certify that all information provided in this volunteer application is true and complete. I agree that any false or misleading representation or material omission may disqualify me from consideration for assignments and may have an adverse effect on future volunteer assignments, regardless of when discovered.**

I understand that if I am accepted as a volunteer with the Plains Art Museum it is on an "at will" basis which means that either the Plains Art Museum or I may terminate my volunteer relationship at any time. I understand that this application and other documents which, I may receive, are not contracts of employment.

**I am volunteering my services without anticipation of pay or regular employment and without displacing any paid employees. I understand that acceptance as a volunteer is based on the combination of my interests, skills, and the needs of the Plains Art Museum.**

I certify that I have read and agree with the statements mentioned above.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years old)

### FOR OFFICE USE ONLY

Date  
Received: \_\_\_\_\_ Database: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Position: \_\_\_\_\_ Dept/Division: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_