

CURRIER MUSEUM *of* ART

Volunteer Application

Please complete this form and return to csanchez@currier.org

Name: _____

Preferred Name (if different): _____

Pronouns (Optional; ex: she/her; he/him; they/them etc.): _____

I am 18 years old or over: Yes No

Phone Number: _____

Email: _____

Mailing Address: _____

When are you usually able to volunteer? (Select all that apply)

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

What time/s of year are you typically available to volunteer in Manchester, New Hampshire?

Year-Round Resident OR Select: Spring Summer Fall Winter

Which Volunteer Positions interest you? (Select all that apply)

- Museum Tours and Public Programs
- Frank Lloyd Wright House Tours
- School Tours
- Wellness Program Assistance (ex: working with veterans, working with adults with disabilities)
- Art and Architecture Historical Research
- Administrative Assistance (ex: Filling envelopes, Organizing Art Supplies)

Why are you interested in volunteering for the Currier Museum of Art?

What do you hope to gain through volunteering for the Currier Museum of Art?

Do you have any previous volunteer experience, relevant education, or an occupation? Please describe.

What languages are you comfortable using with others? Please indicate proficiency (fluent/beginner etc.).

Please include TWO personal or professional references. This can be anyone who knows you well, knows your work or volunteer history, and your passions and interests.

Name of Reference #1: _____

Phone or Email: _____

How do they know you? _____

Name of Reference #2: _____

Phone or Email: _____

How do they know you? _____

All staff and volunteers for the Currier Museum of Art must have received the full initial dose of the COVID-19 vaccination (two doses of Moderna or Pfizer, one dose of Johnson & Johnson). The Currier Museum of Art is committed to creating an inclusive and equitable space for all volunteers. If you anticipate needing any accommodations or have any questions about accessibility, please contact Carolin Sanchez at csanchez@currier.org or at 603.518.4956.

By signing below, I certify that the information given above is accurate to the best of my knowledge.

Signed: _____

Date: _____