

Volunteer Application Form

Email completed form to: erome@berkshirerosemuseum.org
or mail completed form to:

Berkshire Museum
ATTN: Emily Rome
39 South Street
Pittsfield, MA 01201

Personal Information

Name: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

I give permission for my name, address and/or e-mail to be put on a general mailing list to receive any mailings from the Berkshire Museum. Address: ___Yes ___No E-mail: ___Yes ___No

Emergency Contact Info

Name: _____ Relationship to you: _____

Phone: _____ Email: _____

Prior experience including education, employment, and/or volunteering:

Availability to Volunteer

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input checked="" type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

How many hours per week/month: _____

How long of a commitment are you prepared to make? 3 months 6 months 1 year on-going

Comments on Availability:

If you heard about volunteering at the Berkshire Museum from a Museum staff member or a Museum member, please let us know their name:

Volunteer position(s) of interest (please select your top 3 volunteer jobs and share the reason for your interest. Open positions are listed on the Berkshire Museum website.)

1. _____
2. _____
3. _____

If there are no open volunteer opportunities listed at this time but you would like to submit an application for future positions, please select your top 3 areas of interest from the list below:

- | | | | | |
|---|--------------------------------------|---|---|---|
| <input type="checkbox"/> Guest Services | <input type="checkbox"/> Exhibitions | <input type="checkbox"/> Education | <input type="checkbox"/> Film/Performances | <input type="checkbox"/> Museum Shop |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Collections | <input type="checkbox"/> Membership | <input type="checkbox"/> Building/Maintenance | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Development | <input type="checkbox"/> Aquarium | <input type="checkbox"/> Special Events | | |

Other: _____

Please list any projects or departments that you wish to avoid:

Signature

I understand that volunteer placement is a selection process and not all applicants are accepted into the program. The Museum reserves the right to place volunteers in the area that Museum staff feel is best suited to volunteer skills and the needs of the Museum. No volunteer position is guaranteed, and positions may be terminated at the Museum's discretion. Volunteers should not expect their positions to lead to employment. I understand that the Berkshire Museum will conduct CORI check to ensure my ability to work with the public.

I certify that I have read and understand all of the above information and that all information provided to the foregoing questions and statements are true, correct, and without omissions.

Signature of Applicant _____ Date _____

Parental Consent (for those under 18 years of age):

I give _____ my consent to work as a volunteer at the Berkshire Museum.

Parent's Signature _____ Date _____