

Berkshire museum

Volunteer Application Form

Mail completed form to:

Berkshire Museum
ATTN: Emma Bauman
39 South Street
Pittsfield, MA 01201

or email completed form to: ebauman@berkshitemuseum.org

Personal Information

Name: _____

Street Address: _____ City, State Zip: _____

Home Phone: _____ Work Phone: _____

Cell 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: _____

Street Address: _____ City, State Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please list 2 references (past or present employers, teachers, volunteer supervisors, etc.)

Name: _____ Relationship: _____

Street Address: _____ City, State Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Name: _____ Relationship: _____

Street Address: _____ City, State Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

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Education

High School: _____ Undergraduate School: _____

Degree: _____ Major: _____

Graduate School: _____

Degree: _____ Major: _____

Other: _____

Employment Information (if retired or not employed, please list your last place of employment)

Student Employed Not employed Retired

Employer: _____

Department: _____ Title: _____

Street Address: _____ City, State Zip _____

Start date: _____ End date: _____

Please briefly list any previous or current volunteer experience:

Please briefly list any special skills, experience, interests, and/or hobbies:

Do you have any previous museum experience? If yes, where have you worked and in what capacity:

Availability to Volunteer

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

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How many hours per week/month: _____

How long of a commitment are you prepared to make? 6 months 9 months 1 year on-going

Comments on Availability:

How did you hear about volunteering at the Berkshire Museum?

- Family Museum Staff Facebook School
 Friend Museum Member Newspaper Other Volunteer Agency
 Museum Visit Another Volunteer Radio Ad Museum Mailing
 E-Blast Museum Website RSVP Other: _____

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

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

1. _____
2. _____
3. _____