



THE KREEGER MUSEUM

Volunteer Application

Information Volunteer

or

First Studio Volunteer

Date: _____

Name: _____

Pronouns: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email: _____

Social Security Number: _____

Emergency Contact:

Name: _____

Phone Number: _____

Fluency in languages other than English (including sign language): _____

Volunteer Experience: _____

Experience working with young children (for *First Studio* Volunteer only) _____

Experience with art or art history, if any: _____

Any additional information you would like to share about yourself: _____

Professional Reference:

Name: _____

Address: _____

Phone: _____

Please sign the following authorization:

The Kreeger Museum is hereby authorized to investigate and verify all statements made in this application and to conduct any further investigation it deems necessary to determine my suitability for volunteer service. I release the Kreeger Museum and its agents from any liability in connection with such an investigation.

Signature: _____ Date: _____