



FRIENDS OF THE MALTZ MUSEUM APPLICATION

Miss Ms. Mrs. Mr. Dr. Rev. Name _____

Address _____

City/State/Zip _____

Home Phone (____)____-____ Cell (____)____-____

Email _____

Birthday (month and day only, please) _____

Emergency Contact (Please include name, phone # and relationship to you.)

Why would you like to join the Friends of the Maltz Museum?

What special skills do you have to contribute to the Museum's mission?

What skills would you like to acquire while volunteering at the Museum?

Are you fluent in any languages other than English? If so, which?



Generally, what days and times are you available to volunteer? (Please circle all possible days and add times.)

Mon Tues Wed Thurs Fri Sat Sun

Mornings from _____ to _____

Mon Tues Wed Thurs Fri Sat Sun

Afternoons from _____ to _____

Mon Tues Wed Thurs Fri Sat Sun

Evenings from _____ to _____

How often can you volunteer? (Please circle one.)

Daily Weekly 2x per week Monthly 2x per month

Are you interested in volunteering for special events/programs? Please circle one.)

Yes No

Please circle which, if any, of the following you have experience:

Cash Registers Retail Sales Office Computers Teaching/School Groups Office Procedures

Where else have you or do you volunteer?

Do you spend a portion of the year out of town? If so, when? _____

Out-of-town address and phone

Thank you for your interest. We will contact you in the next few weeks to arrange an individual meeting.

Should you have questions before that time, please contact:

Aaron Bane, Manager of Volunteers and Visitor Services, 216.593.0587

Signature _____

Date _____