



## Friends of the Maltz Museum Application Maltz Museum of Jewish Heritage

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Birthday (month and day only, please) \_\_\_\_\_

Emergency Contact Information: Name, phone #, relation to you

\_\_\_\_\_

Why would you like to join the Friends at MMJH?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What special skills do you have to contribute to the MMJH mission?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What skills would you like to acquire while volunteering at MMJH?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 days with times)

Mornings      Mon      Tues      Wed      Thurs      Fri      Sat      Sun  
From \_\_\_\_\_ to \_\_\_\_\_

Afternoons      Mon      Tues      Wed      Thurs      Fri      Sat      Sun  
From \_\_\_\_\_ to \_\_\_\_\_

Evenings      Mon      Tues      Wed      Thurs      Fri      Sat      Sun  
From \_\_\_\_\_ to \_\_\_\_\_

How often can you volunteer?

Daily      Weekly      Twice/week      Monthly      Twice/month

Special Events/Programs only      Other: \_\_\_\_\_

Do you have experience with: (please circle)      Cash registers      Sales

Computers      Teaching/school groups      Office procedures

Where else have you or do you volunteer?

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

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Out of town address and phone

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Thank you for your interest. We will contact you within the next few weeks to arrange for an individualized meeting. Should you have questions before that time, please contact:

Martha Sivertson, Director of Volunteer and Visitor Services, 216-593-0587

Signature \_\_\_\_\_