



VOLUNTEER APPLICATION

Please complete this application and return it to the Museum (see address below). You will be contacted regarding volunteer opportunities. If you have any questions please call the Program and Volunteer Coordinator **Yimarie Rivera** at **561-832-5196 x1113** or email at riveray@norton.org

Museum membership is a prerequisite for volunteer service (students excluded).
For membership info call 561-659-6786.

Please circle your membership category, and indicate expiration:

Student/Basic Member/Individual/Household/Supporter/Contributer/Patron/Sustaining Patron

Date your membership expires: _____

Contact Information & Preferences

How did you hear about the NMA volunteer program? _____

Name _____

Local Address _____

City/State/Zip _____

Phone/Cell _____ Email _____

Availability: Year-round Seasonal Birthday: ____/____/____
For database purposes only, will not be shared

We encourage volunteers to become involved in more than one area or department, allowing an opportunity to experience more of the Museum. Please indicate your preferences below:

___ **I love working with kids.** ___ **I prefer working behind the scenes.**

___ **Greeter/Information Desk** ___ **Docent Program**

___ **Museum Store** ___ **Education Programs** ___ **Museum Library**

___ **Special Events** ___ **Off-site events**

___ **Administrative Support** (indicate Dept. preference)
___ Curatorial ___ Education ___ Membership ___ PR/Marketing
___ Mailings (Wednesday AM)

For scheduling purposes, please indicate your preference for days and times: (circle all that apply)

Tuesday Wednesday Thursday Friday Saturday Sunday

A.M. (10:00a – 12/1:00p) P.M. (1:00p – 4/5:00p) EVE (5:00p – 9/10:00p)

Experience/Qualifications

To make the best use of your time and talents, please describe your interests, careers, other volunteer experience, schools attended, etc. Please include reasons why you would like to volunteer at the Norton Museum:

Skills & Abilities: (check all that apply)

Telephone Computer Literate Typing
 Cash Register Graphic Design Research
 Filing/Cataloguing Public Relations Sign Language

Foreign Languages: (please indicate with an "X" on as many as apply)

Language:	Speak	Write	Translate
1)			
2)			
3)			

Person to contact in case of emergency:

Name: _____ Relationship: _____

City, State: _____ Telephone: _____

"I look forward to sharing my time and talents with the Norton Museum of Art. In serving as a volunteer, I will become a representative of the Museum and promise to act accordingly."

Signature _____ **Date** _____

The Norton Museum of Art offers equal opportunities to qualified persons without regard to race, gender, creed, color, sex, religion, age, national origin, physical or mental handicap, disability, veteran status, marital status or citizenship status.

Norton Museum of Art
1451 S. Olive Avenue
West Palm Beach, FL 33401
(561) 832-5196 x1113
(561) 472-0286 FAX
Att: Yimarie Rivera