

Date:

Application for Clark Volunteers



Please submit the following application to:

Mary Leitch
Manager of Visitor Services
Sterling and Francine Clark Art Institute
225 South Street
Williamstown, MA 01267

Or Email
mleitch@clarkart.edu

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone #: _____ Cell phone #: _____

Email: _____

I am currently (please check all that apply):

Retired[] Employed full time[] Employed part time[] Full-time Student[] Part-time student[]
Homemaker [] Volunteer at another organization[] Volunteer at multiple organizations[]

Local Resident[] Regional resident[] Year-round Resident[] Part-time Resident[] If part-time resident, I am away during this period:

Other[] Please describe:

Education:

Professional Background:

Volunteer Experience: (Organizations and positions held)

Foreign Language Skills:

Other relevant experience (travel, customer service, museums, hobbies, interests, training, etc.):

Volunteering Availability:

Weekly___ Bi-Weekly___ Seasons: Fall___ Winter___ Spring___ Summer ___

Please indicate below, 2 choices of times you are available. Note: Monday shifts available only during July and August, and Monday holidays.

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
Morning	[]	[]	[]	[]	[]	[]	[]
Mid-day	[]	[]	[]	[]	[]	[]	[]
Afternoon	[]	[]	[]	[]	[]	[]	[]

I am available anytime [] I prefer to be an on-call substitute []

References (non-family members please):

Reference 1: _____ Relationship:

Email: _____ Phone:

Reference 2: _____ Relationship:

Email: _____ Phone:

Emergency Contacts:

Family: _____ Phone: (____)_____

Friend or neighbor: _____ Phone:(____)_____

Signature: _____ Date: _____