

Date:

Application for Clark Volunteers



Please submit the following application to:

Jeff Benham
Visitor Services Coordinator
Sterling and Francine Clark Art Institute
225 South Street
Williamstown, MA 01267

Or Email
volunteer@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 two choices of times you are available. Note: Monday shifts available only during July and August, and/or 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: _____