



Tampa Museum of Art

Volunteer Application

Name: _____
First Last
Address: _____
Street City State Zip
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Preferred E-mail Address: _____

EDUCATION

High School: _____
College: _____
Other: _____

EXPERIENCE/INTERESTS

Work Experience: Please list employees and positions- you may provide under separate cover letter.

Volunteer Experience: _____

How did you hear about volunteer opportunities at the museum? _____

Have you ever worked at the museum? _____

List any special skills. (e.g. languages, computer skills) _____

Which volunteer position interests you? _____

Tell us why you would like to volunteer at the museum. _____

Please list two references (other than family members)

Name: _____ Phone number: _____
Name: _____ Phone number: _____

Emergency medical: _____ Medical requirements/ allergies: _____

Emergency contact name: _____
First Last

Relation: _____ Best phone number: _____

Available to volunteer: Weekdays _____ Weekends _____ Evenings _____ Special events _____

Date: _____ Volunteer signature: _____