



**Volunteer Application**

*Please Print*

Date \_\_\_\_\_ Date Received by Volunteer Manager \_\_\_\_\_

**I. PERSONAL INFORMATION (This information, except \*, will be added to our mailing list.)**

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Mobile Telephone # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

\*Month and Date of birth (MM/DD) \_\_\_\_\_

**II. References** - Please provide daytime contact information for two people (other than family members) who would be happy to provide a reference on your behalf.

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

**III. I agree to hold the Frye Art Museum, its agents, officers, employees and volunteers harmless from any liability, loss, expense or claim for injury or damages arising from my participation in this program.**

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

**IV. Why are you interested in volunteering with the Frye Art Museum?**

\_\_\_\_\_  
\_\_\_\_\_

**V. Skills/Education/Experience/Abilities**

\_\_\_\_\_  
\_\_\_\_\_

see other side

**VI. Availability (note that the Museum is closed to the public most Mondays)**

Indicate with an **x** when you prefer to volunteer. Shifts vary.

|    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| Am |        |         |           |          |        |          |        |
| PM |        |         |           |          |        |          |        |

**VII. Area(s) of interest (note that all areas do not have current need)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Adult Tour Guide        | <input type="checkbox"/> Information Desk | <input type="checkbox"/> Events                  |
| <input type="checkbox"/> School Group Tour Guide | <input type="checkbox"/> Museum Store     | <input type="checkbox"/> Working with Volunteers |
| <input type="checkbox"/> Education               | <input type="checkbox"/> Library          | <input type="checkbox"/> Mailing                 |
| <input type="checkbox"/> Art Studio              | <input type="checkbox"/> Collections      |  |

**What happens next?**

Please return this form to the Frye Art Museum, 704 Terry Ave, Seattle, WA 98104  
 Fax (206) 223-1707.

We will contact you within 3 weeks. If no current match exists for your interests, your application will remain active for 3 months. All Frye Art Museum staff and volunteers are subject to a security background check. Thank you for your interest in volunteering with us.

NOTES • for use by Volunteer Manager:

Date of Interview & Background Check Paperwork Session: \_\_\_\_\_

Date Background Check Cleared: \_\_\_\_\_

Hiring Manager: \_\_\_\_\_

Date Trained/Start Date: \_\_\_\_\_

Badge Copy and Date Requested: \_\_\_\_\_

To be completed if posted to a volunteer position: In case of an emergency during your volunteer shift, whom should we contact?

Emergency Contact /Relationship \_\_\_\_\_

Telephone # \_\_\_\_\_