



Volunteer Application

Thank you for your interest in volunteering for the Frye Art Museum. Volunteers provide valuable support for the Museum in many areas, including as Gallery Guides, welcoming visitors at the Information Desk, research for our Collections and more. For additional information about our Volunteer Program, visit fryemuseum.org/volunteer.

Please print.

Name _____

Address _____

City/State/Zip _____

Email Address _____

Phone _____ Date of Birth _____

Why are you interested in volunteering for the Frye Art Museum?

Do you have any special skills, expertise or abilities that you would like to utilize at the Frye Art Museum?

Please indicate any physical disabilities or accommodations that you may require while volunteering.

Current Employment Status

Student Employed Full-Time Employed Part-Time Retired

Education

High School Some College College Degree Post-Graduate

What other organizations have you volunteered for?

(continued on reverse)

Areas of Interest (check all that apply)

- Adult Tour Guide Information Desk Special Events
- School Group Tour Guide Museum Store Office Support
- Education/Art Studio Library/Collections Other _____

Availability

The Museum is open to the public Tuesday–Sunday 11 am–5 pm and Thursday 11 am–7 pm, but there may be opportunities outside of these hours. Please indicate with an **X** which shifts you prefer to volunteer.

	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
11 am–2 pm						
2 pm–5 pm						
5 pm–7 pm						

References

Please provide contact information for two people (other than family members) who may provide a reference on your behalf.

Name _____ Phone/Email _____ Relationship _____

Name _____ Phone/Email _____ Relationship _____

Emergency Contact

In the event of an emergency during your volunteer shift, please list an emergency contact.

Name _____ Phone _____ Relationship _____

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.

Signature _____ Date _____

Please submit your application to:

- Email: volunteer@fryemuseum.org
- Fax: (206) 223-1707
- Mail: Frye Art Museum, Volunteer Program, 704 Terry Ave, Seattle, WA 98104

Applicants will be contacted by the Frye Art Museum Volunteer Program within three weeks. If no current match exists for your interests, your application will be kept on file for six months. All Frye Art Museum staff and volunteers are subject to a security background check.

Thank you for your interest in volunteering for the Frye Art Museum.

For Office Use	
Date of Volunteer Interview	_____
Date Background Check Cleared	_____
Volunteer Position	_____
Date Trained/Start Date	_____
Badge Copy and Date Requested	_____