VOLUNTEER/INTERN INFORMATION FORM

Name: ____________________________________________ M ( )  F ( )

Mailing Address: ________________________________________

City, State, Zip Code: ______________________________________

Telephone: __________________________________________

Email Address: ______________________________________

Availability (Days and Hours): ________________________________

Type of Volunteer/Intern Opportunities That May Interest You:
 Youth Education Programs
 Summer Camps
 Campbell House Interpreter (Tour Guide) / Campbell House Visitor Center Greeter
 Gallery Interpreters / Attendants
 Exhibit Install and Removal
 Museum Store Clerk
 Office-Staff Administrative Support
 Collections Department Support
 Grounds / Master Gardener
 Research Library / Archives Support
 Special Events & Programs (ArtFest, Mother’s Day Tour, Weekend Public Programs)

BACKGROUND INFORMATION

1. Reasons for seeking volunteer or internship opportunities with us:

____________________________________________________________________________________

____________________________________________________________________________________

2. Formal Education & Special Skills (college, languages, certifications ex. First Aid, MAST)

____________________________________________________________________________________

____________________________________________________________________________________

3. Relevant Work Experience (Please Attach a Resume to Provide More Information):

a.) Organization: ___________________________ Dates: ______________________

Paid ____ Volunteer____ Supervisor: __________________________ Phone: _________________

Duties: __________________________________________________________________________

b.) Organization: ___________________________ Dates: ______________________

Paid ____ Volunteer____ Supervisor: __________________________ Phone: _________________

Duties: __________________________________________________________________________
Duties: ____________________________________________

4. How did you hear about volunteering at the museum?
____________________________________________________________________________________

5. Please Provide Two People We May Contact In Case of an Emergency:

Name and Relationship ________________________________________________________________
Home and/or Cell Phone Numbers____________________________________________________

Name and Relationship ________________________________________________________________
Home and/or Cell Phone Numbers____________________________________________________

6. Criminal Background Acknowledgement and Verification:

Have you ever been convicted of a felony or a misdemeanor that resulted in imprisonment? If yes, please briefly explain:
____________________________________________________________________________________

VOLUNTEER/INTERN CONSENT FOR REFERENCE & WASHINGTON STATE PATROL BACKGROUND CHECK

I do hereby give the Eastern Washington State Historical Society/Northwest Museum of Arts & Culture permission to inquire into my educational background, references, driving record, police records, employment and/or volunteer history. I further give permission to the holder of any such records to release the same to the Eastern Washington State Historical Society/Northwest Museum of Arts & Culture.

I do hereby hold the Eastern Washington State Historical Society/Northwest Museum of Arts & Culture harmless of any liability, whether civil or criminal, which may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the Eastern Washington State Historical Society/Northwest Museum of Arts & Culture. I understand that the Eastern Washington State Historical Society/Northwest Museum of Arts & Culture will use this information as part of its verification of my volunteer/internship application and periodically for evaluation purposes.

____________________________________  ______________________________
Full Name [Please Print]                  Signature

____________________________________  ______________________________
Date of Birth                             Driver’s License Number (State of Issue)

Please Mail Your Completed Application To:
Northwest Museum of Arts & Culture
2316 W. First Avenue
Spokane, WA  99201
Attn: Linda Strong
Volunteer Programs Assistant