

Northwest Museum of Arts and Culture

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: _____

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