



Date _____

Akron Art Museum

Volunteer Application -General

Name _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Date of Birth ____ / ____ / ____ (year optional if over 18)

Highest Level of Education _____

Occupation _____ Employer/School _____

Health restrictions _____

Emergency Contact Name _____ Phone _____

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Are community service hours required by your school, organization or employer?  Yes  No

If Yes, how many? \_\_\_\_\_

Would you like us to keep your employer informed of your volunteer service?  Yes  No

Special training, skills, hobbies \_\_\_\_\_

\_\_\_\_\_

Groups, clubs, organizational membership \_\_\_\_\_

\_\_\_\_\_

Prior volunteer experience \_\_\_\_\_

\_\_\_\_\_

Why do you want to take part in volunteer activities at the Akron Art Museum? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about the museum's volunteer program?**

- Friend                       Volunteer Center                       Volunteer/Staff                       Website  
 Newspaper                       School                       Other \_\_\_\_\_

**Please indicate your area(s) of interest:**

- Docent League - conduct group tours – varies  
 Museum store – sales associate – varies  
 Children/Family Activities - Saturday/Sunday afternoons, Thursday evenings  
 DOWNTOWN@DUSK - summer concerts Thursday evenings - greet at gates, membership sales  
 Family Fun Night - Thursday evenings - art activities during summer concerts  
 Library - filing, cataloging, computer knowledge required - weekdays  
 Clerical support - filing, special projects, mailings, computer data entry (Microsoft Office, Raiser's Edge) - weekdays  
 Public Relations/Outreach - distributing information at public events and throughout city – varies  
 Special events – registration, greeters, etc. for membership and fundraising events - varies

**Please indicate your availability to volunteer:**

**Weekdays:**

- Tuesday     Wednesday     Thursday     Friday  
 Morning     Afternoon     Evenings

**Weekends:**

- Saturday     Sunday  
 Morning     Afternoon     Evenings

**Other:**

- One-time special projects

**References:**

Please list three people who know you well and can attest to your character, skill, and dependability. Be sure to include your current or last employer:

| <b>Name/Address</b> | <b>Occupation</b> | <b>Phone</b> |
|---------------------|-------------------|--------------|
| 1.                  |                   |              |
| 2.                  |                   |              |
| 3.                  |                   |              |



**Akron Art Museum  
Volunteer Code of Ethics**

Volunteers are an integral and important part of the Akron Art Museum. As such, we ask that all volunteers view their participation with the museum as a professional experience. The museum asks that all volunteers comply with the following expectations:

1. Volunteer service shall be undertaken for the betterment of the Akron Art Museum and not for personal gain, other than the inherent reward derived from participation.
2. Volunteers may not accept personal compensation for performance of tasks as a volunteer. This includes gifts, fees, gratuities or other compensation to the volunteer or to the volunteer's immediate family/household.
3. Volunteers who have access to confidential information must not share this information with any outside party/other volunteer.
4. Volunteers must present themselves in a professional manner. All clothing should be appropriate for the respective event. If you are unsure about attire for a certain event, please contact a museum staff member or Head Volunteer for the event.
5. Volunteer should notify museum staff member or Head Volunteer 24 hours in advance if he/she is unable to work an assigned shift/event.
6. All volunteers should enter the museum through the loading dock/security entrance on South Broadway. This allows all volunteers to check in with the security department and receive nametags.
7. Volunteers should report to a museum staff member or Head Volunteer upon arrival for each shift.
8. Volunteers are not permitted drink alcohol during an active volunteer shift.
9. Volunteers should report any medical emergency or accidental injury to a museum staff member or Head Volunteer.
10. Volunteers accept the Museum's right to dismiss any volunteer whose performance/behavior/attendance fails to meet acceptable standards.

Signing below indicates that you have read and agree to the expectations presented above.

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Volunteer Signature

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Date

**Please return form to:**

Membership Manager  
Akron Art Museum  
One South High  
Akron, OH 44308