



A LIVING
MEMORIAL
TO THE
HOLOCAUST

VOLUNTEER APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE (DAY): _____ PHONE (EVE): _____

FAX: _____ E-MAIL: _____

EDUCATION	NAME OF SCHOOL	DATE(S) ATTENDED	DEGREE(S) EARNED
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER			

PROFESSIONAL EXPERIENCE

NAME OF EMPLOYER	DATE(S) OF EMPLOYMENT	POSITION HELD

VOLUNTEER WORK EXPERIENCE PLEASE DESCRIBE PLACE(S), POSITION(S), AND DATE(S):

ADDITIONAL EXPERIENCE, SKILLS, AND/OR SPECIAL INTERESTS YOU FEEL ARE RELEVANT:

WHAT ARE YOUR GOALS FOR BEING A VOLUNTEER AT THE MUSEUM OF JEWISH HERITAGE?

IN WHAT AREAS OF THE MUSEUM ARE YOU INTERESTED IN APPLYING:

- GALLERY EDUCATION LIBRARY ADMINISTRATIVE SPEAKER'S BUREAU
 FUNDRAISING/DEVELOPMENT COMMUNICATIONS COLLECTIONS AND EXHIBITIONS

**DO YOU KNOW ANY LANGUAGES OTHER THAN ENGLISH (INCLUDING SIGN LANGUAGE)?
PLEASE INDICATE READING/WRITING/SPEAKING ABILITY:**

IF YOU ARE APPLYING TO THE GALLERY EDUCATOR PROGRAM, PLEASE INDICATE WHY YOU WANT TO BE A VOLUNTEER DOCENT AT THE MUSEUM OF JEWISH HERITAGE?

(FOR GALLERY EDUCATOR APPLICANTS ONLY) DO YOU HAVE EXPERIENCE TEACHING, WORKING WITH YOUTH, OR PUBLIC SPEAKING? PLEASE DESCRIBE:

WHAT DAYS OF THE WEEK ARE YOU AVAILABLE TO WORK? (ONE HALF-DAY PER WEEK IS REQUIRED.)

- MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SUNDAY

IN CASE OF AN EMERGENCY, WHOM MAY WE CONTACT?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

IF YOU KNOW OF ANY OTHERS WHO MIGHT BE INTERESTED IN RECEIVING INFORMATION ABOUT OUR VOLUNTEER OPPORTUNITIES, PLEASE LIST THEIR NAMES BELOW:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

YOUR SIGNATURE: _____

Please return this form and a resume if you have one, to:
Museum of Jewish Heritage—A Living Memorial to the Holocaust
36 Battery Place
New York, NY 10280
Attn: Director of Human Resources