

APPLICANT INFORMATION

Name:	
Address:	
City:	
State:	
ZIP Code:	
Phone:	
Email:	

EMERGENCY CONTACT

Name:	
Relationship to You:	
Phone:	

EDUCATION & WORK INFORMATION

Student Status (if applicable):		Part-time currently attending:			
Current school year (if applicable):	O Freshman	O Sophomore	O Junior	O Senior	Graduate-level
Are you currently employed?		y name and current	job title:		

ADDITIONAL QUESTIONS

What is your desired start date?		
Opportunities are available Monday through Friday between 9 a.m. and 5 p.m. When are you available to volunteer? Select all that apply.	 Monday a.m. Tuesday a.m. Wednesday a.m. Thursday a.m. Friday a.m. 	 Monday p.m. Tuesday p.m. Wednesday p.m. Thursday p.m. Friday p.m.
How would you like to volunteer for The Strong? Select all that apply.	 Collections Education Exhibits Fundraising Guest Services 	 Library & Archives Marketing & Public Relations Membership Services Public Programs Other:

VOLUNTEER APPLICATION

thest	rong
NATIONAL MUSEUM OF PI	LAY

Do you have experience volunteering? If yes, please provide dates of the assignment and describe your duties:	
Special interests, hobbies, and skills:	
Please provide any additional information you wish to be considered as part of this application:	

Applicant Signature

Date

Please attach your résumé (if available) and a letter describing your personal interests and reasons for wanting to volunteer at The Strong to this completed application and send to:

Human Resources The Strong One Manhattan Square Rochester, NY 14607 585-263-2700 hr@museumofplay.org

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE STRONG!