

VOLUNTEER ENROLLMENT FORM

Thank you for your interest in becoming a volunteer at GMD! The following information will assist us with data evaluation and matches with available projects. All information is confidential. You will be contacted to arrange an interview where we will answer your questions and discuss your areas of interest. If you have an available résumé, please attach it to the application form.

Name								
Address								
City State Zip								
Phone: (h) (w)								
(Cell/mobile phone)								
Email								
Male Female Birth date								
Emergency Contact Information:								
Name Relationship								
Address								
Phone								
BACKGROUND INFORMATION								
Education background (check highest completed:								
H.S./GED/Other College/University Graduate School								
2. Occupation/employment: Retired?								
Current Position/Employer								
Dates: from: to:								
Past Position/Employer								
Dates: from: to:								



3.	3. Hobbies, skills, interests:							
1	List computer prog	rame with w	which you have fa	miliarity or ovport	ico			
4.	List computer prog	railis With W	Then you have fa	iniliarity of expert	ise.			
5.	Previous volunteer experience:							
PREFERENCES IN VOLUNTEERING								
1.	Why are you intere	sted in volu	nteering at GMD	?				
2.	Is there a particular	•	· · ·	•				
Working directly with a staff person as an assistant (exhibition set-up, off-site programs)								
	1 1		_	administrative du ating; social medi		ort, mailings; com	puterized	
		_		<u>.</u>	_	•	:\	
	Working	g on special	events and progr	ams (opening rec	eptions; general	reception; fundra	isers)	
AVAILABILITY: List times you are interested in volunteering (most positions occur between 8:30 am – 5:00 pm)								
	Monday T	uesday	Wednesday	Thursday	Friday	Saturday	Sunday	
ВА 1.	BACKGROUND VERIFICATION 1. Do you have any physical limitations which might limit your ability to perform certain types of work?							
Δ.		•	THE THIS	Te mine your abine	y to periorii ceri	tani types or work	•	
2.	No Yes (please explain) Please list two non-family references whom we might contact:							
۷.								
	a. Name				ship			
	Address							
	b. Name				Relationsh	ip		
	Address				Phone			



By signing below, I give permission to check the references I have listed: **ADDITIONAL INFORMATION** How did you hear about us? Referred by friend/staff/member/volunteer GMD Website/other website **GMD Eblast** Social media (Facebook, Twitter, etc.) Newspaper Mailing piece: flier, magazine, postcard Other PLEASE RETURN ENROLLMENT FORM: **Administrative Assistant** Goldstein Museum of Design Room 364 McNeal Hall 1985 Buford Avenue St. Paul, MN 55108 Email: gmd@umn.edu Phone: 612-624-7434 Applicants under the age of 18: You must have this application signed by a parent or guardian. This applicant has my permission to volunteer at GMD. Parent or Guardian signature: