

Orange County Museum of Art Volunteer Application

Fax to: (949) 759-5623

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Why do you want to volunteer at OCMA? _____

Profession: _____

Education: _____

If you are currently a student, please list where and status:

Relevant Volunteer Experience:

Organization: _____ Assignment: _____

Organization: _____ Assignment: _____

Additional Skills: (Please list relevant software and skill level **1-5** (1=beginner, 5=expert))

Microsoft Word 1 2 3 4 5

Microsoft Excel 1 2 3 4 5

Other 1 2 3 4 5 Please describe: _____

Please contact me for the following opportunities:

- | | |
|--|---|
| <input type="checkbox"/> Admissions/Visitor Services | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Curatorial | <input type="checkbox"/> Museum Store (regular store hours) |
| <input type="checkbox"/> Development | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Education/Family Workshops | <input type="checkbox"/> Special Events |

Availability – Please check all that apply:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			