**BOOTH WESTERN ART MUSEUM**

**VOLUNTEER APPLICATION**

Thank you for your interest in becoming a volunteer at the Booth Western Art Museum. Our volunteers are an important part of our organization. The following information will help us determine the best possible match for your talents. Please

take a few moments to fill out the application and submit it to:

**Tiffany Hughes, Volunteer Coordinator**

**P.O. Box 3070**

**Cartersville, GA 30120**

**Email:** [**TiffanyH@boothmuseum.org**](mailto:TiffanyH@boothmuseum.org)

**PLEASE PRINT:**

NAME:

ADDRESS:

City State Zip

MAILING ADDRESS (if different than above):

CONTACT PHONE # EMAIL:

OCCUPATION: FT: PT:

EMPLOYER: JOB TITLE:

WORK PHONE#:

**EDUCATION:** Please circle any you have completed:

GED High School Technical School College Graduate School Other

Do you have any professional certifications/licenses? If so, please list:

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**PERSONAL:**

Other Volunteer Experience (list name, organization & date):

Hobbies:

Birth Month & Day:

Emergency Contact Name: Relationship:

Emergency Contact Phone #: Alternate Phone #:

**Areas of Interest - Volunteer Service at Booth Museum:**

(Mark all that apply)

\_\_\_ Docent (Teach Student or Adult Tours) \_\_\_ Children’s Activities \_\_\_ Art Activities

\_\_\_ Cowboy Festival \_\_\_ Gallery Host \_\_\_ Library Assist \_\_\_ Administrative

\_\_\_ Café Assist \_\_\_ Security Assist \_\_\_ General

Do you speak a language other than English? \_\_\_\_ Yes \_\_\_\_\_\_No

If “yes”, please specify language(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Information**

The Booth Western Art Museum adheres to certain policies and dress

codes. Among them: Use of tobacco products is **PROHIBITED** on/in

all company-related properties and vehicles. The dress code for all

facilities is business casual.

For male volunteers/employees: earrings and untrimmed facial hair

are specifically prohibited.

**For all:** Carefully read the **Substance Abuse Policy** that accompanies

this application.

I have read the above statements and the accompanying Substance Abuse Policy. I agree to adhere to the codes and policies addressed in this application. I understand that failure to do so could result in termination of my volunteer service to the organization.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_