



# Volunteer Application

Email: info@medicimuseum.art

9350 E Market Street Warren Ohio 44484

330-856-2120

## Contact Information

Date of Application: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Personal Information

Medici does not accept volunteers under the age of 16.

Birthdate: \_\_\_\_\_

How did you hear about us?

\_\_\_\_ Facebook    \_\_\_\_ Website    \_\_\_\_ Friend/Family Member    \_\_\_\_ Newspaper

## Education

Highest degree/level completed \_\_\_\_\_

Last school attended \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If yes, when? \_\_\_\_\_

What was your area of study? \_\_\_\_\_

## Employment

Current/ Most recent job title \_\_\_\_\_

Current/Most recent place of employment \_\_\_\_\_

Current/Most recent supervisor \_\_\_\_\_

Current/Most recent employment contact information \_\_\_\_\_

## Volunteer Experience

Name of previous volunteer location \_\_\_\_\_

Previous volunteer responsibilities/job \_\_\_\_\_

**Skills, Interests, & Experience** (please select your interest)

Front Desk    Museum Shop    Special Events    Tour Guide    No Preference

Additional Information about your interests/skills/experience:

---

**Languages Spoken**

---

**Availability** (select all that regularly apply)

Are you willing to attend required volunteer training sessions? \_\_\_\_\_

Days:    Wednesday    Thursday    Friday    Saturday    Sunday    No Preference

Times: 11am-1:30pm    1:30pm-4:00pm    All Day    No Preference

Why do you want to volunteer at Medici? \_\_\_\_\_

**Criminal History**

Certain volunteers may require a criminal background check

Have you ever been convicted/pled guilty to a crime other than a traffic violation?

If yes, please describe \_\_\_\_\_

**References**

#1  
Name \_\_\_\_\_ Relation to you \_\_\_\_\_ Phone \_\_\_\_\_

#2  
Name \_\_\_\_\_ Relation to you \_\_\_\_\_ Phone \_\_\_\_\_

**Volunteer Agreement**

By submitting this form I certify that the facts in this application are true, correct, and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the Museum Volunteer Program. I authorize Medici Museum of Art to check and verify all information on this application. In order to perform due diligence in protecting the well being and safety of those we serve, the Museum has the right to perform criminal background checks on any current employee, applicant or volunteer. I fully release references, employers, and the Museum from any liability from the verification process.

I understand that there will be an interview prior to my being accepted as a museum volunteer and I will be expected to complete the required training for museum volunteers.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_