

DeCordova Museum and Sculpture Park

MUSEUM GUIDE APPLICATION – page 1 of 2

If you would like to receive a digital version of this application, please send your request to sdiachisin@decordova.org

Name **Date**

Address

City **State** **Zip**

Phone (day) **Phone (eve)**

Cell Phone **Email**

Check all the times of the week you are typically available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Check the months you are typically available to volunteer:

January	February	March	April	May	June	July	August	September	October	November	December

Why are you interested in being a DeCordova Museum Guide?

Do you volunteer for other organizations? *If so, what are they and what do you do?*

What are your interests, hobbies or leisure time activities?

What kind of work experience do you have?

Have you worked with adults in a group context? *Please list or describe.*

Have you worked with children in a group context? *Please list or describe.*

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Name _____ Date _____

Please describe your interest in art, and your knowledge of contemporary art.

How do you prefer to learn new things? (*read, observe, listen, research, try it, etc.*)

Do you feel you have skills or training that may be beneficial to this work? (*Such as public speaking, working with groups, art history, etc.*)

What is the most important way the museum staff can assist you as a volunteer? *i.e.* What kind of support or structure you do need or want from the program?

Please add any additional comments or questions.

How did you hear about the Museum Guide Program?

Please list two references and their affiliations.

1. Name _____ Affiliation _____
Phone _____
2. Name _____ Affiliation _____
Phone _____

Please Email application to: sdiachisin@decordova.org