

# PAINE VOLUNTEER APPLICATION



Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to You \_\_\_\_\_ Work Phone \_\_\_\_\_

## BACKGROUND

How did you learn about the Paine's volunteer program? \_\_\_\_\_

Why would you like to volunteer at the Paine? \_\_\_\_\_

Are you a member of the Paine Art Center and Gardens?  Yes  No

If not a member, would you be interested in receiving more information about the Paine's programs, events and exhibitions?  Yes  No

Do you have any specific skills you feel would benefit the museum (e.g. teaching, computer skills, gardening, artistic degrees in related areas)? \_\_\_\_\_

Do you have previous volunteer experience? If so, please describe. \_\_\_\_\_

Please list two references, not relatives, whom we may contact regarding your application.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

## INTERESTS

When do you prefer to volunteer? *(please check all that apply)*

Weekday Mornings       Weekday Afternoons

Weekend Mornings       Weekend Afternoons

Do volunteer times change based on the season?  Yes  No

If yes, Please specify \_\_\_\_\_

Please check all your preferred volunteer areas:

### Gardens:

- Garden Docent
- Garden Shadow (assist with tours)
- Garden Assistant (work in gardens)

### Education:

- 4<sup>th</sup> Grade Local Art History & Art Tours
- 3<sup>rd</sup> Grade Nutcracker & Literacy Tours
- Family Programs
- Craft Projects in the Studio

### Other Opportunities:

- Mailings
- Leadership positions (Volunteer Council, Programming Team, or Training Team)

### Mansion:

- Art Center Docent - Adults
- Art Center Docent - Children
- Art Center Shadow (assist with tours)
- Gift Shop (cashier, pricing items)
- Greeter

### Special Events:

- Pre-Event volunteer
- Event Volunteer (greeter)
- Festival of Spring (May)*
- Jazz in the Gardens/Gala*
- Faire on the Green (July)*
- Nutcracker in the Castle (Nov - Jan)*
- Rooms of Blooms (weekends in March)*

What physical/medical limitations should be taken into consideration when arranging volunteer assignments for you? \_\_\_\_\_

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**TRAINING**

All volunteers at the Paine Art Center and Gardens are trained for the jobs they agree to perform. All docents must undergo the formal docent training for their area. Other positions will receive on-the-job training.

**PLEASE READ, SIGN, AND DATE THE FOLLOWING:**

I certify, to the best of my knowledge, that all information given by me/applicant in this application is true and correct.

I understand that I will be expected to complete the required training for museum volunteers and that as a volunteer I will be expected to abide by all museum regulations, ethics, and security policies.

I hereby authorize the Paine, with my permission, to be able to investigate my past record and character.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian's signature  
(if applicant is under 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please send this completed form to [aholland@thepaine.org](mailto:aholland@thepaine.org) or mail to the Paine Art Center and Gardens at 1410 Algoma Blvd., Oshkosh, WI 54901.