

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

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:

Mansion:

- ☐ Art Center Docent - Adults
- ☐ Art Center Shadow (assist with tours)
- ☐ Gift Shop Cashier
- ☐ Gift Shop Pricing items (Nutcracker)

Gardens:

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

Education:

- ☐ 4th Grade Local Art History & Art Tours
- ☐ 3rd Grade Nutcracker & Literacy Tours

Special Events:

- ☐ Event Volunteer (Greeter)
- ☐ *Festival of Spring (May)*
 - Cashier or
 - Plant Sale Greeter
- ☐ *Jazz in the Gardens/Gala*
- ☐ *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? _____

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 kgriesbach@thepaine.org or mail to the Paine Art Center and Gardens at 1410 Algoma Blvd., Oshkosh, WI 54901.