



Philadelphia Museum of Art
 P.O. Box 7646
 Philadelphia, PA 19101-7646

VOLUNTEER APPLICATION FORM

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone day _____ evening _____

E-mail _____

Occupation _____

I am interested in becoming a

- Departmental Volunteer
 Membership Volunteer
 Park House Guide
 Weekday Museum Guide
 Weekend Museum Guide

Please include a cover letter describing why you would like to be a volunteer at the Philadelphia Museum of Art and skills that would contribute to the program(s) you have indicated above.

Please return this section only.

Education

High School/College	Date of graduation	Diploma/Degree	Major/Minor

Work/Volunteer Experience

Organization	Position	Dates

References

Name	Relationship	Telephone and e-mail