



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.*

### Education

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

Please return this section only.

### Work/Volunteer Experience

Organization	Position	Dates

### References

Name	Relationship	Telephone and e-mail