



Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Why do you want to volunteer at OCMA?

Profession: _____

Education: _____

If you are currently a student, please list where and status:

Relevant Volunteer Experience:
Organization: _____ Assignment: _____

Organization: _____ Assignment: _____

Additional Skills: (Please list relevant software and skill level **1-5** (1=beginner, 5=expert)
Microsoft Word 1 2 3 4 5 Microsoft Excel 1 2 3 4 5 Adobe Suite 1 2 3 4 5 Other 1 2 3 4 5
Please describe: _____

Please contact me for the following opportunities:
Free Family Days Docent Council Admissions Special Events

Availability – Please check all that apply:

Day	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			