

Volunteer Application

Thank you for your interest in volunteering at the Warwick Museum or Art. Your time and talent are appreciated and your assistance will help WMOA realize its full potential. Please complete the fields below and indicate your interest and availability for volunteer opportunities.

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Personal Reference: _____ Phone: _____

I am interested in volunteering for: (check all that apply)

- Opening Receptions (Wednesdays, 6:00-8:00pm)
- Special Events (Held after gallery hours in the evenings)
- Classroom/Instructor Aid (Anyone over age 18 working with children must submit a BCI Form.)
- Administrative Assistance (Office Tasks)

My Availability:

- Tuesday Time: ____:____ am/pm to ____:____ am/pm
- Wednesday Time: ____:____ am/pm to ____:____ am/pm
- Thursday Time: ____:____ am/pm to ____:____ am/pm
- Friday Time: ____:____ am/pm to ____:____ am/pm
- Saturday Time: ____:____ am/pm to ____:____ am/pm
- Other: _____

Authorizations:

- I am under the age of 18 and my Parent/Guardian has signed this application for permission to volunteer.

I give _____ permission to volunteer at WMOA.
(Volunteer's Name)

Parent/Guardian Signature: _____ Date: _____

- I am over the age of 18 and have provided a valid form of ID (and a BCI Form if working with children.)

Signature: _____ Date: _____



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WMOA Update 10-27-14

Office Use Only

- Permission _____
- BCI & ID _____
- Approved _____
- Called On _____