

**Please note, if your application is accepted for consideration, you will be notified about next steps including orientation and training.**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday (month and day only; year optional): \_\_\_\_\_

### **When and where you'd like to volunteer**

We expect volunteers to commit to two 4-hour shifts per month for at least one year (96 hours/year). These shifts can be on two different days, or back-to-back shifts on the same day with a break for a meal.

Once you are an active volunteer, you will be notified about additional volunteer opportunities. Check all information below which applies.

### **Preferred frontline volunteer area(s):**

- Visitor Services (includes information desk and coat check)
- Museum Store

### **VISITOR SERVICES**

Which days/times are you available?

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Mornings (9:45 am–1:45 pm)
- Afternoon (1:30 pm–5:30 pm)
- Evenings (Thursdays only, 5:15 pm–9:15 pm)

### **MUSEUM STORE**

Which days/times are you available?

- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Mornings (11:00 am–3:00 pm)
- Afternoon (1:30 pm–5:30 pm)
- Evenings (Thursdays only, 5:15 pm–9:15 pm)

**Are you comfortable working in an environment which can be busy at times but also may have periods of time when it's slower?**

- Yes
- No

**Are you willing to take direction from either staff or other volunteers to ensure that visitors are having the best Museum Store experience?**

- Yes
- No

**Language and computer skills**

Please list any language and/or computer skills indicating if you are familiar or proficient.

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**Education and professional experience**

Please list your past or present work experience. Include educational background and any volunteer experience.

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**Why do you want to volunteer for the Asian Art Museum?**

Briefly explain why you would like to be a frontline volunteer for the Asian Art Museum and why you chose to volunteer either in the Museum Store and/or for Visitor Services.

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Have you been to the Asian Art Museum before?  Yes  No

If you have, what is your favorite object and/or collection area at the Asian Art Museum?

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**Emergency contact:**

Name: 

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Telephone Number: 

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Relationship: 

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**Personal reference:**

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Volunteer health insurance and workers' compensation coverage acknowledgement**

I understand and acknowledge that the Asian Art Museum does not offer or provide health insurance or Workers' Compensation coverage and should I incur an injury, either onsite or offsite, during a volunteer assignment I am fully responsible for my medical care.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Your signature is required for your volunteer application to be accepted.**

**Return to:**

Volunteer Services, Asian Art Museum, 200 Larkin Street, San Francisco, CA 94102  
Tel: 415.581.3726 • Fax: 415.581.4721 • E-mail: [loriguan@asianart.org](mailto:loriguan@asianart.org)