



# GRAM Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you learn about volunteer opportunities at GRAM?

Please check the statement(s), which best describe(s) the type of time commitment you are willing to make as a GRAM volunteer.

I would like to set up a regular schedule to volunteer weekly or every other week. Please indicate the number of hours you are able to contribute \_\_\_\_\_ weekly, \_\_\_\_\_ monthly.

I would like to volunteer at special events.

Museum hours are Tuesday, Wednesday, Thursday, and Saturday 10-5, Friday 10-8:30, and Sunday 12-5. We are closed to the public on Mondays. Please check any of the times you may be available to volunteer:

Weekdays       Saturday morning       Sunday afternoon  
 Friday after 5 p.m.       Saturday afternoon       Special events

Please indicate by numbering 1-2-3 and so on the volunteer areas that interest you. Please see enclosed volunteer position descriptions for assistance.

Docent       Library       Museum Store/ Cafe  
 Family Programs       Membership       Visitor Services  
 Special Events       Groundskeeper

Do you have any special training, education, or experience that you would like to share with us?

Do you speak a second language? If so, what language?

Are you now, or have you ever been a member of GRAM?  Yes       No

\*It is GRAM policy that all volunteers maintain a museum membership

Are you 18 years of age or older?  Yes       No

\*GRAM Volunteers must be at least 16 years old.



Are you a student? \_\_\_ No \_\_\_ Yes: School Name \_\_\_\_\_ Grade \_\_\_\_\_

Are there any accommodations, which need to be made for you to perform your volunteer activities?

Race (optional)

\_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Asian/Pacific Islander
\_\_\_ African American \_\_\_ Native American \_\_\_ Bi-racial
\_\_\_ Other \_\_\_ 1st Generation Immigrant from

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

References (required)

1) Name \_\_\_\_\_ 2) Name \_\_\_\_\_
Title/Profession \_\_\_\_\_ Title/Profession \_\_\_\_\_
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_
Years Known \_\_\_\_\_ Years Known \_\_\_\_\_
Address \_\_\_\_\_ Address \_\_\_\_\_
Telephone Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in volunteering at GRAM. Opportunities are not guaranteed in all areas at all times. Your application will be reviewed and you will be contacted if a placement that matches your interests can be arranged.

Please mail or deliver this completed form to: GRAM--Education Department
101 Monroe Center
Grand Rapids, MI 49503

Or fax to: (616) 242-5034
Attn: Education Department

\*Background checks will be performed on all volunteers.