

ALLEN MEMORIAL ART MUSEUM

**Community Volunteer Guild
Application**

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail (preferred): _____

Tell us a little more about yourself:

Why do you want to become a part of the Volunteer Guild?

Are you a member of AMAM or any other museums? If so, which ones?

Do you have any previous museum volunteer experience, or professional background relevant to this position?