



Montclair Art Museum

JUNIOR VOLUNTEER APPLICATION

The Montclair Art Museum is dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of any mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal or state law.

Please complete entire application

PERSONAL INFORMATION *(Please print)*

Name	Last	First	Middle	Today's Date (M/D/Y)		
Address	Street		City	State	Zip Code	
Phone Number	Home	Cell	Email address			
Parent/Guardian Name				Phone		
Emergency Contact Name			Relationship	Phone		

INTERESTS/SKILLS/HOBBIES _____

Specify hours available for each day of the week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please specify age group that you prefer to work with (children 5-7) _____ (Children 8-12) _____

Consent of Parent/Guardian

I hereby give permission for _____ to join the Junior Volunteer Program at The Montclair Art Museum. This Opportunity, as part of the team of The Montclair Art Museum, cannot be taken lightly and I will therefore support my child's efforts to comply with the terms of this commitment to maintain the scheduled days and hours. If my child is unable to attend a scheduled commitment, I will contact the Museum

Signature of Parent/Guardian

Consent of Junior Volunteer

I understand that my participation in this program is a privilege and as a Volunteer of The Montclair Art Museum, I agree to maintain confidentiality of records and information of The Montclair Art Museum, its staff and volunteers. I also agree to participate to the best of my abilities and to follow the rules and guidelines of the Museum.

Signature of Junior Volunteer

Please mail or fax completed form to:

Rita Bausch - Volunteer Coordinator
Montclair Art Museum
3 South Mountain Avenue, Montclair, NJ 07042
Phone: 973.259.5124 Fax: 973.746.9118



Montclair Art Museum

Sponsor Recommendation For Junior Volunteers

Sponsor Name _____

Institution _____

Mailing Address _____

Phone _____

Applicant Name _____

Grade _____

Attendance Record

Good

Average

Poor

Punctuality Record

Good

Average

Poor

Characteristics

Good

Average

Poor

Leadership

Ability to follow instruction

Appearance

Please indicate if you recommend this applicant for the Junior Volunteer Program

Additional Comments

Sponsor Signature

Upon successful completion of the Junior Volunteer program, a confirmation letter will be sent to the sponsor at the address provided.