

Volunteer Application

PLEASE PRINT

Name: _____

Address: _____

City/State/Zipcode: _____

Phone: _____ Email: _____

I am interested the following volunteer opportunities at the Castellani Art Museum
(please see the attached flyer for descriptions of volunteer roles):

- Museum Shop Volunteer
- Children's Art Activity Volunteer
- Visitor Services Volunteer (reception desk)
- Community Outreach Volunteer
- Museum Docent (tour guide)
- Tour Scheduling Volunteer
- Special Event Committee Volunteer

Please let us know if you have any special skills to share with the museum.

When are you available to volunteer? (please check all that apply)

- Mornings Afternoons Evenings
- Sunday Tuesday Wednesday Thursday Friday Saturday
- I am available to volunteer the same time and same day each week
- I would like to volunteer occasionally – a few times per month

Thank you for your interest in volunteering at the Castellani Art Museum!

Please mail this application to: Volunteer Coordinator, Castellani Art Museum, P.O. Box 1938, Niagara University 14109.