

# DuSable Museum of African American History Volunteer Application

(Please complete the entire form and remember to print clearly)

\_\_\_\_\_  
Date

## Personal Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

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

\_\_\_\_\_  
Date of Birth

Male

Female

Are you a member of DuSable Museum?  Yes  No

## Medical/Emergency

**In case of emergency, contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

**Please describe any medical conditions that you feel we should know about:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Educational Background

High School     College     Graduate School     Other: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Area of Study: \_\_\_\_\_

Foreign Language (Specify only if fluent): \_\_\_\_\_

## Employment Background

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Job Title

## References

(1) \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

(2) \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

## Volunteer Experience

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## Interests & Availability

I would like to volunteer my services in the following area(s): (You may select more than one.)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Education    |
| <input type="checkbox"/> Curatorial     | <input type="checkbox"/> Museum Store |
| <input type="checkbox"/> Development    | <input type="checkbox"/> Theater      |

I would prefer assignments on the following day(s): (You may select more than one.)

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday   |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday   |
| <input type="checkbox"/> Thursday  |                                   |

I would prefer assignments during the following time period(s): (You may select more than one.)

WEEKDAYS:  Morning  Afternoon  Evenings

WEEKENDS:  Morning  Afternoon  Evenings

**Interests:** (Check as many as you like)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Art/Lettering    | <input type="checkbox"/> Docent (Tour Guide) | <input type="checkbox"/> Children Program |
| <input type="checkbox"/> Exhibition       | <input type="checkbox"/> Museum Store        | <input type="checkbox"/> Landscaping      |
| <input type="checkbox"/> Special Events   | <input type="checkbox"/> Archives            | <input type="checkbox"/> Theater          |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Education           | <input type="checkbox"/> Outreach         |

**Special Skills:**

- |  |  |                                   |                                      |
|--|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Art           | <input type="checkbox"/> Computer        | <input type="checkbox"/> Graphics | <input type="checkbox"/> Mechanical  |
| <input type="checkbox"/> Photography   | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Research | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Teaching        | <input type="checkbox"/> Typing   | <input type="checkbox"/> Writing     |

**Reason(s) for wanting to become a volunteer at the DuSable Museum of African American History:**

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## **Required Additional Information**

A copy of your **current résumé**. If you do not have a résumé, please submit a **short biographical statement**. Your application will be considered incomplete without it.

## **Volunteer Agreement**

As a member of the professional unpaid staff at the museum, I agree to:

- Commit to one year of service at the Museum, a minimum of 8 hours per month.
- Attend Quarterly Volunteer Meeting.
- Represent the Museum at all times in an appropriate and responsible manner.
- Be prompt and reliable in reporting for assignments, tours, meetings, and training sessions.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## **Mail or Fax This Application To:**

Kay McCrimon  
Special Projects  
DuSable Museum of African American History  
740 East 56th Place  
Chicago, IL 60637-1495

**Fax Number: 773-947-0677**