Dear Volunteer,

Thank you so much for your inquiry about volunteering at the DuSable Museum. Here at the DuSable Museum of African American History, we have a lot of exciting events and volunteer opportunities in the months ahead and we could use your help to make them a success. Only with the help of volunteers like you, can we continue to operate the only institution in Chicago that is dedicated to preserving the history and culture of Americans of African descent. As a volunteer your contribution is priceless.

Volunteers are essential to the DuSable Museum and are needed in many different departments. In Education, volunteers assist visitors for various programs, workshops and serve as tour guides for groups. In the Development volunteers are needed to staff membership tables at on-site and off-site events. In Theatre, volunteers serve as ushers and coat checkers at events, in concessions and at information tables. These are just a few of many volunteer opportunities to choose from.

Come out and enjoy our terrific programs and help support our ongoing mission here at the DuSable Museum. We look forward to seeing you soon.

Currently, all volunteers must be members of the museum to participate in the DSM Volunteer Program.

Please complete the enclosed volunteer application. If you have any questions, please call me (773) 420.2738 or email me at egriffin@dusablemuseum.org with any questions.

Sincerely,

E. Griffin
Manager of Membership and Volunteer Services
VOLUNTEER APPLICATION

Date: ____________________

Name: ____________________ (First) (Last) Male:     Female: ____________________

Address: ____________________ City/State: Zip: ____________________

Telephone #: (Home) (Work) ____________________

D.O.B.: ____________________ Email Address: ____________________

MUSEUM MEMBER: Yes     No ____________________

IN CASE OF EMERGENCY CONTACT: (Name) (Relationship) ____________________

Phone #: ____________________

Do you have any medical conditions that you feel we should know about? Yes     No ____________________

If yes, please explain: ____________________

EDUCATIONAL BACKGROUND: ____________________

High School     College     Graduate School ________________

Other: ____________________

Area of Study: ____________________

Foreign Language (specify only if fluent): ____________________

EMPLOYMENT BACKGROUND: ____________________

Most Recent Employer: ____________________

Job Title: ____________________

REFERENCES: ____________________

(1) Name: ____________________ Phone: ____________________

Address: ____________________ Relationship: ____________________

(2) Name: ____________________ Phone: ____________________

Address: ____________________ Relationship: ____________________
VOLUNTEER APPLICATION

VOLUNTEER EXPERIENCE:

AVAILABILITY:

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

- Administrative
- Curatorial
- Development
- Education
- Museum Store
- Business
- Communication
- Theater
- Customer Service

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

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- 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)

- Children Program
- Docent (Tour Guide)
- Exhibition
- Special Events
- Archives
- Museum Store
- Education
- Visitor Services
- Theater
- Outreach
- Training
- Theater
- Outreach
- Marketing
- Fundraising
- Collection
- Preservation

SPECIAL SKILLS:

- Art
- Photography
- Sign Language
- Microsoft Word
- Spreadsheets
- Public Speaking
- Teaching
- Storytelling
- Graphics
- Research
- Typing
- Writing
- Office Assistance
- Data Entry
- Greeting
- Filing

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

A copy of your current resume (if you do not have a resume, 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 to:

Erica Griffin
Manager of Membership and Volunteer Services
The DuSable Museum of African American History
740 E. 56th Place
Chicago, IL  60637-1495
(773) 947-0600 x238 (phone)
(773) 947-0677 (fax)

(Office use only)

DATE INTERVIEWED: _____________________________________________________________

DEPARTMENT: __________________________________________________________________

TRAINING DATE: ___________________________________________ START DATE: ________________________________