

Volunteer Application



Grants Pass Museum of Art

229 SW "G" Street • Grants Pass, OR 97526
P.O. Box 966 • Grants Pass, OR 97528
Phone 541-479-3290 Fax 541-479-1218
museum@gpmuseum.com

Thank you for your willingness to support the arts by volunteering at your museum, the Grants Pass Museum of Art. Please fill in this application form and we will process it and get you started as soon as possible.

My Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Yes. I am willing to volunteer at the Grants Pass Museum of Art through the auspices of Rogue Senior Volunteer Program (RSVP).

I am interested in supporting the following tasks. There may be some level of training necessary:

- | | |
|--|--|
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Data Entry (Spreadsheet) |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Data Entry (Database) |
| <input type="checkbox"/> Receptionist: phone answering | <input type="checkbox"/> Data Entry (Accounting: Quickbooks) |
| <input type="checkbox"/> Type letters | <input type="checkbox"/> First Friday Food Support |
| <input type="checkbox"/> Support bulk mailing | <input type="checkbox"/> Hosting support at Events |
| <input type="checkbox"/> Other: _____ | |

Normal Museum hours are 12:00 Noon to 4:00 p.m., Tuesday through Saturday. I would prefer to work:

Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

Person to contact in case of emergency:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____