

SWOPE ART MUSEUM

Volunteer Application Form

Summer Art Studio 2020

Name: _____ School Year: _____

Phone Number: _____ Area of Study: _____

Address: _____

E-mail: _____

1. Do you have any volunteering experience? If yes, please explain.

2. When are you available? Please check the weeks you are available and whether you are available in the morning or afternoon. The AM sessions will be from 9 – 11 AM and PM sessions will be from 12 – 2 PM. You can choose both.

___ June 8 – 12 (AM or PM)

___ June 15 – 19 (AM or PM)

___ June 22 – 26 (AM or PM)

___ July 6 – 10 (AM or PM)

___ July 13 – 17 (AM or PM)

___ July 20 – 24 (AM or PM)

3. Any additional notes?