



**LIZZADRO MUSEUM
OF LAPIDARY ART**

220 Cottage Hill Elmhurst, IL 60126

Tel. 630-833-1616

www.lizzadromuseum.org

VOLUNTEER APPLICATION

Please Note: All Applicants must be at least 16 Years of Age

Name:

Address:

Home Phone:

Alternate Phone:

E-mail Address:

Time Commitment (*check all that apply*):

- Short Term (3 months or less) Long Term (more than 3 months)
- Regular Weekly schedule Special Events

Availability (*fill in applicable boxes*):

<i>Hours</i>	Sunday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

<i>Time of Year or Month(s) Available</i>	January - March	April - June	July - September	October - December

Volunteer Opportunities (*please check your interests*):

Administrative

<input type="checkbox"/>	Reception / Desk
<input type="checkbox"/>	Gift Shop Sales
<input type="checkbox"/>	Newsletter Articles
<input type="checkbox"/>	Group Tours / Docent
<input type="checkbox"/>	Bulk Mailings
<input type="checkbox"/>	Data Entry
<input type="checkbox"/>	Cleaning and Maintenance

Public Relations and Outreach

<input type="checkbox"/>	Attending School Events
<input type="checkbox"/>	Attending Local or Community Events
<input type="checkbox"/>	Assisting with Education Programs
<input type="checkbox"/>	Membership Drive
<input type="checkbox"/>	Special Events
<input type="checkbox"/>	
<input type="checkbox"/>	

Other (*Please specify*) _____



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Work Experience:

Volunteer Experience:

Education (*level completed*):

High School Technical School College Courses

College Degree (*please specify*) _____

References: Names of two persons not related to you, whom you have known for at least one year

Name	Address	Phone No.	Relationship	Years Acquainted

Emergency Contact Information:

Name: _____

Relationship: _____

Phone No. where they can be reached: _____

I certify that the information contained in this application is true and complete to the best of my knowledge. I authorize a full investigation of statements contained herein and the references listed above for any and all information regarding previous employment and pertinent to information they may have personal or otherwise, and release all parties from all liability for damage that may result from furnishing the same to you. I acknowledge that the above information is voluntarily supplied and may be used and disclosed for Lizzadro Museum purposes only and that as a Lizzadro Museum Volunteer I will not be paid for my services. I agree to abide by the policies and procedures of the Lizzadro Museum.

Signature: _____

Date: _____