



Indianapolis Museum of Art Volunteer Application

Please complete this online application form if you are interested in becoming a volunteer at the Indianapolis Museum of Art. Once you complete the form, click the submit button at the bottom. Thank you for your patience, and we look forward to meeting you in the future.

Name and address

First name: *

Last name: *

Middle name:

Title:

Street 1: *

Street 2:

City: *

State: * Zip: *

Home phone: ☐ OK to call me here

Cell phone: ☐ OK to call me here

Email address: *

Preferences

Please select up to 3 areas you are interested in volunteering. Please note availability of assignments change frequently.

Assignment Preference:

1st choice:

2nd choice:

3rd choice:

Availability

Please indicate the days and times you are usually available to volunteer.

	Sun	Tue	Wed	Thu	Fri	Sat
From:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I would like to serve up to: *

hours: *

Please indicate the potential type of volunteer you wish to be: Long term/Ongoing or Short term

Volunteer Experience

List other organizations that you have volunteered and describe duties performed.

Demographic Information

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers.

Date of birth: *

Gender:

Education:

Ethnicity:

Age:

Museum Member?: ☐

Emergency Contact Information

Please provide 2 individuals that the museum may notify in case of an emergency.

1

First name: *

2

First name: *

Last name: *

Street 1:

City:

State:

Zip:

Home phone: *

Cell phone:

Relationship: *

Do you have any physical limitations that may influence your volunteer work? If yes, please explain

Last name: *

Street 1:

City:

State:

Zip:

Home phone: *

Cell phone:

Relationship: *

References

Please list the contact information for one individual other than a family member who can serve as references.

First name:

Last name:

Home phone:

Cell phone:

Relationship:

Application Agreement

I do hereby release and forever discharge the Indianapolis Museum of Art (the Museum) and its employees, agents, representatives and members (the Museum representatives), of and from any and every claim, demand, action or right of action, of whatever kind and nature, arising from or by reason of any death, bodily injury or property damage arising out of my assigned Museum volunteer placement and responsibilities determined by the prescribed length of volunteer placement/schedule.

My services are donated to the IMA without contemplation of compensation or future employment and are given for charitable reason. I understand that failure to follow IMA policies and procedures may be grounds for dismissal.

☐

I Agree

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