



**Museum at Eldridge Street**  
 12 Eldridge Street  
 New York, NY 10002  
 Tel: (212) 219-0302 x 5

## VOLUNTEER APPLICATION FORM

Welcome and thank you for your interest in becoming a volunteer at the Museum at Eldridge Street. We have positions available for individuals who are interested in greeting visitors, leading tours and aiding Eldridge Street with administrative support. Please fill out this application as completely as possible. You may also include a resume in addition to the application form.

Application Date: \_\_\_\_\_

Last Name:	First Name:	Middle Initial:
Date of Birth:	Gender:	
Address:		
Day phone:	Eve. Phone:	Cell:
Email:		

### Employment History

Are you currently employed?

Yes       No

If so, where? \_\_\_\_\_

Work address: \_\_\_\_\_

List previous employment

Organization	Position	Dates

List previous volunteer experience (not required to qualify)

Organization	Position	Dates

**Education**

Institution	Degree

**Availability**

We require volunteers to work at least one day per month; please check your preferred day(s) below.

Once a month___		Twice a month___		Weekly ___	
				How many?___	
Sundays 9:45am-5pm	Mondays 9:45am-5pm	Tuesdays 9:45am-5pm	Wednesdays 9:45am-5pm	Thursdays 9:45am-5pm	Friday 9:45am-3pm

**Questions**

Please answer the following questions.

<p>Why are you interested in becoming a volunteer at the Museum at Eldridge Street?</p>     
<p>What do you believe you will contribute to Eldridge Street as a volunteer?</p>     

List any courses or training which might relate to work as a volunteer or contact with the public. (For example: teaching, public speaking, history courses, etc.)

Do you have any experience and/or interest working with the following? (Please circle)

Children    Teens    Senior Citizens    Learning disabled    Special Interest Groups

**Relevant skills:**

\_\_\_ Foreign languages (please specify reading, writing, or both)

\_\_\_ Computer software (which programs?)

\_\_\_ Other (please specify)

**References**

Name	Position	Telephone

**I attest that the information in this application is true.**

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return application to:  
Courtney Byrne-Mitchell  
CByrneMitchell@eldridgestreet.org  
Director of Visitor Services  
Museum at Eldridge Street  
12 Eldridge Street  
New York, NY 10002

**Any additional comments, concerns, or questions?**