



The Phillips Collection

SUMMER COLLEGE ART INFORMATION VOLUNTEER APPLICATION

Name: _____ Date: _____

Street Address: _____

City, State and Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

E-mail address: _____

Emergency contact and telephone: _____

Current University/College? _____

Professional reference and contact information (telephone and/or e-mail address):

How did you hear about the volunteer opportunities at The Phillips Collection?

Why do you want to be a volunteer at The Phillips Collection?

Please attach a résumé and list of your volunteer experience. Include the name of the organization, you position, responsibilities, number of years in service, a reference, and contact information (telephone and/or e-mail address).

What is your availability? (please circle) Days Thursday nights Weekends

Signature: _____ Date: _____

Print name: _____

Please e-mail the application to Emily Bray at ebra@phillipscollection.org.