the strong
NATIONAL MUSEUM OF PLAY

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name:	
Address:	
City:	
State:	
ZIP Code:	
Phone:	
Email:	

EMERGENCY CONTACT

Name:	
Relationship to You:	
Phone:	

EDUCATION & WORK INFORMATION

Student Status (if applicable):	◯ Full-time ◯ Part-time Name of school currently attending: _____
Current school year (if applicable):	◯ Freshman ◯ Sophomore ◯ Junior ◯ Senior ◯ Graduate-level
Are you currently employed?	◯ Yes, company name and current job title: _____ ◯ No ◯ Retired

ADDITIONAL QUESTIONS

What is your desired start date?	
Opportunities are available Monday through Friday between 9 a.m. and 5 p.m. When are you available to volunteer? Select all that apply.	◯ Monday a.m. ◯ Monday p.m. ◯ Tuesday a.m. ◯ Tuesday p.m. ◯ Wednesday a.m. ◯ Wednesday p.m. ◯ Thursday a.m. ◯ Thursday p.m. ◯ Friday a.m. ◯ Friday p.m.
How would you like to volunteer for The Strong? Select all that apply.	◯ Collections ◯ Library & Archives ◯ Education ◯ Marketing & Public Relations ◯ Exhibits ◯ Membership Services ◯ Fundraising ◯ Public Programs ◯ Guest Services ◯ Other: _____

VOLUNTEER APPLICATION

Do you have experience volunteering? If yes, please provide dates of the assignment and describe your duties:	
Special interests, hobbies, and skills:	
Please provide any additional information you wish to be considered as part of this application:	

_____ _____

Applicant Signature Date

Please attach your **résumé** (if available) and a **letter describing your personal interests and reasons for wanting to volunteer at The Strong** to this completed application and send to:

Human Resources
The Strong
One Manhattan Square
Rochester, NY 14607
585-263-2700
hr@museumofplay.org

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE STRONG!