

Volunteer Application Form

First na	ame:	Last name:	
Street	address:		
City:		State:	Zip code:
Phone	number:	E-mail a	address:
Current job (if applicable):			Work phone (if applicable):
is open		I-5 PM. Please specify	e hours per week to volunteering at the MBC, which by the exact days and times that you currently have available for
Assignr	Greeters/group tours: I Gift shop/admissions: I and selling membership	e inventory, data entr Duties include greetir Duties include handlin s, plus inventory, ret ies include filing pape	ry, and screening audiovisual materials for content. ng patrons and assisting with group tours. ng patrons' money, processing credit-card information, tail, and general cleanup. ers, sending e-mails and answering phone calls, and organizing group
Please	be aware that physical lal	oor, including moving	g chairs and tables, may be required at times.
Please	list any special skills, licen	ses, or experience yo	ou feel we should know about:
Have y	ou been convicted of a fel	ony or misdemeanor	r in the past five years? If so, please explain:
Emerge	ency contact (name, phon	e number):	
Please	list two references (name	, title, phone or e-ma	ail):
•		• •	s true and complete to the best of my knowledge. I understand n shall be sufficient reason for dismissal or refusal of volunteer services.
Applica	ant signature:		Date:
It is the	MBC's policy not to discrimi	nate on account of race	e, gender, religion, national origin, age, disability, ancestry,

E-mail this form to sjajkowski@museum.tv or snail-mail it to:

Steve Jajkowski - Museum of Broadcast Communications, 360 N. State St., Chicago, IL 60654

sexual orientation, marital status, military discharge status, or source of income.