



# Volunteer Information Sheet

Thank you for your interest in volunteering at the Art Institute of Chicago.  
Please fill out this form and return it to the associate  
director of volunteer programs, Michael Mitchell.

(Office use only: Date Rec'd\_\_\_\_\_)

**NAME:** Ms. Mrs. Mr.

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

**ADDRESS:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(ZIP Code)

**TELEPHONE:**

\_\_\_\_\_  
(Home)

\_\_\_\_\_  
(Business or Other)

**E-MAIL:**

\_\_\_\_\_

**PERSON TO CONTACT IN CASE OF AN EMERGENCY:**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

ARE YOU A MEMBER OF THE ART INSTITUTE? Yes\_\_\_ No\_\_\_

HOW DID YOU LEARN OF THE VOLUNTEER PROGRAM?

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed full-time \_\_\_ or part-time \_\_\_ ?

If you are currently employed, where do you work?

\_\_\_\_\_  
(Employer)

\_\_\_\_\_  
(Address)

**SPECIAL SKILLS:**

- \_\_\_ Languages
- \_\_\_ Typing
- \_\_\_ Computers
- \_\_\_ Research

Can you read and translate that language? yes\_\_\_ no\_\_\_

Which part of the collection are you most interested in and why?

---

---

---

Have you ever volunteered in any capacity? If so, where?

---

---

There are many ways to get involved, but the two general areas involve assisting the public in the museum and working behind the scenes with the staff. With this in mind, describe the type of volunteer work that might interest you:

---

---

---

Can you think of anything else about yourself that you would like to add?

---

---

We normally expect at least one four-hour shift per week. Most volunteer opportunities are Monday through Friday, however, it is possible to volunteer Tuesday evenings and weekends. Tell us which day(s) you might be interested in:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

(Please circle the days you are available.)

I confirm that all of the above information is correct. I realize that acceptance as a volunteer is based on the combination of my interests and talents and the needs of the Art Institute. I realize that specific opportunities may not be available at a given time, but that my application will be held on file for a period of six months.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN TO:

**Michael Mitchell**  
**Associate Director of Volunteer Programs**  
**The Art Institute of Chicago**  
**111 South Michigan Avenue**  
**Chicago, IL 60603-6110**  
**Phone: (312) 443-3504**

---

(office use only)

DATE INTERVIEWED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TRAINING DATE: \_\_\_\_\_ START DATE \_\_\_\_\_