

THE PHILLIPS COLLECTION

Volunteer Application

Name: _____

Street Address: _____

City, State and Zip: _____

Telephone: Home: _____ Work: _____ Cell: _____

E-mail address: _____

Emergency contact and telephone: _____

Occupation: _____

Full-time _____ Part-time _____ Retired _____

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

Which volunteer positions that interest you? (please circle)

Art Information Desk Departmental Children's Docent

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

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

What do you expect to gain from the experience?

Are you currently a member of The Phillips Collection? _____

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

When can you start? _____

What are the days and shifts you are available to volunteer? (please circle)

	10–1:30	1:30–5:00	
Monday	Mornings	Afternoons	(Departmental only)
Tuesday	Mornings	Afternoons	
Wednesday	Mornings	Afternoons	
Thursday	Mornings	Afternoons	Extended Hours 5:00–8:30
Friday	Mornings	Afternoons	
Saturday	Mornings	Afternoons	
Sunday	11-2:30	2:30-6:00	

Other comments:

Signature: _____ Date: _____

Please send, e-mail or fax this application to:

Lisa Leinberger, Volunteer Coordinator
The Phillips Collection
1600 21st Street, N.W.
Washington, D.C. 20009
(202) 387-2151 x222
Fax: (202) 387-2436
lleinberger@phillipscollection.org