

The Shirley-Eustis House Association MUSEUM EDUCATOR APPLICATION

PLEASE PRINT – You may use the back of this sheet for additional comments

Name: _____

Email: _____

City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EDUCATIONAL BACKGROUND:

High School Some College College Graduate Post Graduate

School(s) Attended/Attending: _____

Degree/Grad Date: _____

Major/Minor: _____

Are you bilingual? NO YES If yes, please list language(s) and if you are a fluent speaker, writer, and/or reader:

Please check your age/special-needs group preferences. Check as many as applicable.

<input type="checkbox"/> Preschool
<input type="checkbox"/> Grades K-2
<input type="checkbox"/> Grades 3-6
<input type="checkbox"/> Grades 6-8
<input type="checkbox"/> Grades 9-12
<input type="checkbox"/> Adult
<input type="checkbox"/> Senior Citizens
<input type="checkbox"/> Blind Visitors/Students
<input type="checkbox"/> Mentally Challenged
<input type="checkbox"/> Non-English Speaking
<input type="checkbox"/> Deaf Visitors/Students
<input type="checkbox"/> At Risk Students

Other: _____

In the chart below, please list the actual times you might be available during the week.

Day/Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

EXPERIENCE/BACKGROUND/SPECIAL SKILLS

Are you currently employed? NO YES if yes, please tell us your occupation and name/address of your employer:

Past Occupation(s): _____

Please detail any special skills, training, work, hobbies, and/or previous volunteer experience that might be useful in your museum educator position at the Shirley-Eustis House.

The Museum Educator Program at the Shirley-Eustis House will have volunteer opportunities to help organize, recruit, and schedule schools and phone calling. Are you interested and willing to commit time to other museum education-related activities in addition to teaching programs?

No Yes Maybe

HOW DID YOU LEARN ABOUT OUR MUSEUM EDUCATOR PROGRAM?

- Friend
- Friend or Relative who volunteers or works at the museum
(Please name): _____
- Website
- Museum Visit
- Volunteer Fair
- Volunteer Match
- Other: _____

WHY DO YOU WANT TO BE A MUSEUM EDUCATOR: WHAT DO YOU HOPE TO GAIN FROM YOUR EXPERIENCE?

PLEASE LIST TWO REFERENCES OTHER THAN FAMILY MEMBERS:

1. Name: _____ Relationship: _____

How long have they known you? _____ Phone: _____

Address: _____

2. Name: _____ Relationship: _____

How long have they known you? _____ Phone: _____

Address: _____

Are you 18 years of age or older? NO YES

If no, please complete the Parental Permission and Information Form _____
Applicant's Initials

I attest that the information provided by me on this form is true and complete.

Signature of Applicant

Date