



2019-2020

JAMBassadors

Joslyn Art Museum's High School Volunteer Program

APPLICATION FORM

YOU MAY ALSO APPLY ONLINE: http://www.joslyn.org/education/jambassadors/sign-up.aspx

Thank you for your interest in volunteering at Joslyn. Please complete this application in your own words and return it no later than Monday, September 30 to: J

Joslyn Art Museum, Attn: JAMBassadors, 2200 Dodge St., Omaha, NE 68102-1292 or fax to 402-342-2376

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail Address _____

School _____ Grade in the Fall _____

Age _____ Date of Birth _____ T-shirt size _____

Names of Parents/Guardians _____

Volunteer Statement:

*please take time to read the following statement carefully.

If you choose to sign, acknowledging you have read and agree with the presented statement, please return this page with your application statements.

I wish to volunteer my services to Joslyn Art Museum (Museum) and understand there is no payment for services rendered as a volunteer. I give the Museum permission to photograph me for publication or other uses.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any material omission of facts or misrepresentation may result in my immediate release, regardless of when discovered. I grant permission to the Museum to investigate all statements made in this application, and other records to verify the information I have provided on the application and/or any additional information I have provided and release the Museum from any liability resulting from such investigation.

I understand that the Museum retains the right to terminate my status as a volunteer if I fail to perform any obligations relevant to the position of volunteer.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(if younger than 18)



JAMbassador Questionnaire: 2019-2020

Please thoughtfully answer the following questions, using complete sentences.

If needed, create a new document or use the back of this sheet to accommodate your responses.

NAME: _____

EMAIL: _____

Please describe why you want to become part of the JAMbassador program:

What are three things that you would like to see happen in future at the Museum?

Tell us about your favorite artists, writers, thinkers, or social leaders.

Please describe your previous volunteer/work experience.

How did you learn about JAMbassadors?



Please describe your hobbies, interests, and extracurricular activities.

Please write about your special skills and unique abilities:

IMPORTANT :

In addition to this form, at least one reference form must be completed by a non-family member and returned to Joslyn's Center for Education by Monday, September 30.

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REFERENCE FORM: **DUE MONDAY, SEPTEMBER 30**

JAMBassadors are 9-12 grade volunteers who learn about art and Museum operations while assisting visitors with art-related activities. JAMBassadors may help children in art classes, volunteer at special events, or assist with public events. JAMBassadors expected to contribute a minimum of 15 hours of service each year.

Applicant's Name _____

Your Name _____ Daytime Phone _____

Your Relationship to Applicant _____

How long, and in what context, have you known the applicant?

Does the applicant possess skills, interests, or characteristics, which make him or her suited to this type of volunteer work? Please explain.

Do you believe the applicant would be an asset to Joslyn's high school volunteer corps? Please explain.

DUE: Monday, September 30, 2019

Please return this form using either of the following methods.

Mail to: Joslyn Art Museum,
Attn: Andy Smith
2200 Dodge St
Omaha, NE 68102

FAX: 402.342.2376

EMAIL: asmith@joslyn.org