Please complete this form, attach a copy of your resume, and mail to:

Art Information Volunteer Program National Gallery of Art 2000B South Club Drive Landover, MD 20785

To be considered for the class of 2015, your application must be postmarked by January 1, 2015. Receipt of your application will be acknowledged by e-mail.

Name
Address
City / State / Zip Code
Home telephone
Work Telephone
E-mail Address (required) The e-mail address you provide will be our primary means of contacting you.
Educational Background:
Professional Experience:
Are you currently employed?

Previous Volunteer Experience:			
When did you last visit	the National Gallery o	of Art?	
How did you hear abou	t the Art Information \	Volunteer Program at the National Gallery of Art?	
Why do you want to be	an Art Information vo	olunteer at the National Gallery of Art?	
AVAILABILITY			
Volunteer Shifts:			
Monday—Saturday Morning: 9:30 a.m1:3 Afternoon: 1:00 p.m5			
Sunday Morning: 10:30 a.m2: Afternoon: 2:00 p.m6			
Please indicate your sh	ift preferences:		
	Day	Time (circle)	
1st choice of shift:	- ,	a.m. or p.m.	
2nd choice of shift:		a.m. or p.m.	
3rd choice of shift:		a.m. or p.m.	

Days and times you would not be available:
Are you willing to make a minimum two-year commitment? \square Yes \square No
REFERENCE
Name
Address
City / State / Zip Code
Telephone Number
E-mail Address

Thank you for your interest in serving as an Art Information volunteer at the National Gallery of Art.

The positions available are limited in number and directly related to current openings in our schedule. We regret that we may not be able to invite every applicant to participate.

For additional assistance, please e-mail <u>dea-info@nga.gov</u> or call 202-842-6179.