



Japanese American National Museum Volunteer Application

Instructions:

- a. Please answer ALL questions
- b. Please PRINT clearly and check (✓) all that apply; use black or blue ink or type your responses
- c. **Interviews by appointment only; NO WALK-INS**

Fax, mail, or deliver this application to:
 Japanese American National Museum
 369 East First Street
 Los Angeles, CA 90012
 Fax: 213-830-5673
 Email: volunteer@janm.org

Welcome and thank you for your interest in volunteering! The information you provide is confidential and is used for recruitment and placement purposes.

Application Date : _____ **Volunteer Position Applying For:** _____

Female Male Age Group: 18-30 31-40 41-50 51-60 61-70 Over 71

Program Requirements:

1. All volunteers are required to become Museum Members. *Are you a current member?* Yes: No:
 If yes, please provide membership # _____ If no, complete membership form and submit check.
2. Are you able to make the minimum commitment of 6/8 hours per month? Yes: No:
3. Are you willing to be trained and make the commitment to continuing education? Yes: No:
4. Are you able to commit to a designated day of the week? (see Page 3) Yes: No:
5. Are you in agreement with the Mission Statement of the Museum? (read below) Yes: No:

"The mission of the Japanese American National Museum is to promote understanding and appreciation of America's ethnic and cultural diversity by preserving, interpreting and sharing the experiences of Japanese Americans."

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Retired: Working: Student: Interested in Community Service: Not working:

Home Phone: _____ Work/Day Phone: _____ Cell Phone: _____

E-Mail Address: _____

Best time to reach you: From: _____ a.m./ p.m. To: _____ a.m./ p.m. May we call you at work? Yes: No:

Employer/School: _____

(if retired, include name of former employer/company)

Degree or Certification: _____

Occupation and/or course of study: _____

If retired, from what career/profession? _____

(Continued on other side)

Please detail your involvement in community organizations, clubs and other groups. e.g., memberships, level and areas of involvement, served on committees or boards?

References (Professional or Community Service)

Name	Relationship	Phone Number
_____	_____	_____

Have you worked/volunteered with the Japanese American National Museum before? No: Yes:

(Area of service and when) _____

How did you hear about us? _____

Volunteer Experience and Skill Set *From the list below, choose the area(s) in which you would bring experience and ability. Our intention is to find a suitable placement for you according to the parameters you detail for us. The Museum provides additional training and volunteer support for some areas.*

- | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="radio"/> Accounting / Bookkeeping | <input type="radio"/> Art Installation/Handling |
| <input type="radio"/> Arts and Crafts | <input type="radio"/> Handyman |
| <input type="radio"/> Asian Studies /Ethnic Studies | <input type="radio"/> Human Resources |
| <input type="radio"/> Books / Film & DVD Reviews | <input type="radio"/> Journalism / Writing |
| <input type="radio"/> Bulk Mail/Mailing | <input type="radio"/> Library Research |
| <input type="radio"/> Business Administration / Office Manager | <input type="radio"/> Life History Interviewer |
| <input type="radio"/> WWII Internment Camp Experience | <input type="radio"/> Management/Executive |
| <input type="radio"/> Clerical Support / Filing / Photocopy | <input type="radio"/> Photography/Videography: Specify |
| <input type="radio"/> Computer Skills | |
| <input type="radio"/> MAC | <input type="radio"/> Portraits |
| <input type="radio"/> Scanners | <input type="radio"/> Darkroom |
| <input type="radio"/> MS Word | <input type="radio"/> B/W or Color Processing |
| <input type="radio"/> Powerpoint | <input type="radio"/> Lighting |
| | <input type="radio"/> Specify mm format: _____ |
| <input type="radio"/> Data Entry / Database | <input type="radio"/> Public Programs/Events / Working with Children / Family Days |
| <input type="radio"/> Graphic Design | <input type="radio"/> Public Speaking |
| <input type="radio"/> Dictation/Transcription | <input type="radio"/> Public Relations/Marketing |
| <input type="radio"/> Education. Specialty: _____ | <input type="radio"/> Shipping/Receiving / Mail Distribution |
| <input type="radio"/> Event Planning / Project Management | <input type="radio"/> Retail / Sales / POS System |
| <input type="radio"/> Exhibit Installation or De-installation | <input type="radio"/> Telephone/Reception |
| <input type="radio"/> Film Editing/Production | <input type="radio"/> Transcription/ Translation Written/Spoken |
| <input type="radio"/> Fundraising / Development | <input type="radio"/> War/Veteran/Military Experience |
| <input type="radio"/> Estate Planning / Planned Giving | <input type="radio"/> Website Design |
| <input type="radio"/> Membership /Annual Giving | <input type="radio"/> Writing / Editing / Proofreading |
| <input type="radio"/> Endowment / General Donations | <input type="radio"/> Japanese <input type="radio"/> Spanish |
| <input type="radio"/> Grant Writing / Research | <input type="radio"/> Portuguese <input type="radio"/> English |
| <input type="radio"/> Museum Gallery / Tour Docent Experience | |

Other skills not listed: _____

Area(s) in which you have an interest in volunteering: _____

Below, please check the date(s) and shift time(s) you are available to volunteer:

- **6 hours/month minimum required for all volunteers**
- **8 hours/month minimum required for Museum docents**
- **If docents are unable to fulfill the shift requirements listed below, there will be a required minimum number of tours per month. This number is subject to negotiation and may affect your "Active Volunteer" status.**

Once a Week: <input type="radio"/>	Twice a Week: <input type="radio"/>		Twice a Month: <input type="radio"/>		Other:	
Shift Time	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00 am to 2:00pm						
1:00 pm to 5:00 pm						
4:30 pm to 8:00 pm						

Ethnic/Cultural Background (Optional):

Language(s) Japanese: Speak: Read: Write:
 Spanish: Speak: Read: Write:
 Other: _____ Speak: Read: Write: Sign:

Japanese Heritage (Optional)

My generation is: _____

Prefecture: (Grand)Father's Family: _____ (Grand)Mother's Family: _____

Camp: (Grand)Father's Family: _____ (Grand)Mother's Family: _____

Prefecture: (Self): _____

Are you or your relatives from Hawai'i? Yes: No: Area: _____

Emergency Contact Information: *Person(s) to contact in the event of an emergency:*

(Primary Contact) Name: _____ Relationship: _____

Home Phone: _____ Daytime Phone: _____ Cell Phone: _____

(2nd Contact) Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Special Instructions (Allergies, Medication, etc.): _____

I understand that my involvement and placement as a Museum volunteer remains the prerogative of the Volunteer Services Unit. Position availability is not guaranteed but dependent upon Museum needs. I understand that my involvement as a volunteer is at the discretion of the Japanese American National Museum's Volunteer Program.

Applicant Signature: _____

Date: _____

Volunteer Services Office Use Only

Interview Date: Interviewer:	Start Date:	Regular Scheduled Day:	Membership#: Expiration Date: Confirmed with:
Classes: 101: Completion Date <hr style="width: 80%; margin-left: 0;"/> 102: Completion Date <hr style="width: 80%; margin-left: 0;"/> 103: Completion Date <hr style="width: 80%; margin-left: 0;"/>	120: Completion Date <hr style="width: 80%; margin-left: 0;"/> 121: Completion Date <hr style="width: 80%; margin-left: 0;"/> <i>(121: Docents Only)</i>	130:Completion Date <hr style="width: 80%; margin-left: 0;"/> 131: Completion Date <hr style="width: 80%; margin-left: 0;"/>	Sexual Harassment: Completion Date <hr style="width: 80%; margin-left: 0;"/> Diversity: Completion Date <hr style="width: 80%; margin-left: 0;"/> Safety/Emergency: Completion Date <hr style="width: 80%; margin-left: 0;"/>
Nametag/Keycard:	Mentor Assignment:	Department Assignment: Staff Contact:	
Docent Special Circumstances Minimum # of Tours:			

369 East First Street Los Angeles, CA 90012 (213) 625-0414 Fax: (213) 830-5673
Office of Volunteer Services