



A LIVING
MEMORIAL
TO THE
HOLOCAUST

VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Phone (day): _____ Phone (eve): _____

Fax: _____ E-mail: _____

Education	Name	Date(s) attended	Degree(s) earned
HS		N/A	
College			
Graduate			
Other			

Professional Work Experience:

Name of Employer	Date of Employment	Position Held

• **Volunteer Work Experience. Please describe place(s), position(s), and date(s):**

• **Additional experience, skills, and/or special interests you feel are relevant:**

• **What are your goals for being a volunteer at the Museum of Jewish Heritage?**

