

Interact Gallery

1902 Minnehaha Ave W, St. Paul, Minnesota 55104 • www.interactcenter.com/gallery

Gallery Volunteer Application

Name:	Date:				
Preferred Pronouns:					
Address:					
City:					
Day Phone:	_ Evening P	hone: _			
Email Address:				(print clearly)	
Employer:					
Emergency contact name:		_Phone	e:		
How did you hear about us?					
Brief Education Background:					
Please briefly describe your career ex	perience:				
					_
Please briefly describe any relevant ga	allery experi	ence or	art intere	sts/background:	

Interact Gallery needs volunteers	Tuesdays - Thursdays,	12pm – 4pm.	What is your
availability?			-

Start date: _____

Length o	f commitment:	
Longino		

Tuesday _____ -___ p.m.

Wednesday _____ - ____ p.m.

Thursday _____ - ____ p.m.

Please list two professional or personal references:

Name: _____ Relationship: _____ Phone: _____

Name:	Relationship:	Phone:

Do you have any accessibility requirements that you would like us to be aware of?

Gallery Docent:

- Greet gallery visitors, oversee galleries and merchandise area
- Answer questions and provide information about current and future exhibits
- Assist in gallery sales of artwork and merchandise
- Help prepare future exhibits
- Tasks and assistance with gallery programs as needed

Thank you for your interest in volunteering at Interact. We will contact you to set up an initial meeting about volunteering at the gallery. If you have any questions or concerns, please contact:

Matthew Pawlowski Program Manager Interact Gallery 1860 Minnehaha Avenue West Saint Paul, MN 55104 Phone 510-684-6906 mattp@interactcenter.com Fax 651-209-3579 www.interactcenter.com

I have read and understand the volunteer application:

Signature: _____ Date: _____