

MUSEUM OF PHOTOGRAPHIC ARTS

Volunteer Application

Today's Date: _____

Do you have a current MoPA membership?
____ Yes ____ No

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Do you have office experience?
____ Yes ____ No

Do you have computer experience?
____ Yes ____ No

If yes, please indicate the software you are familiar with:

Tel. (day): _____
Tel. (eve): _____
Email: _____
Fax: _____

In case of emergency, notify:

Name: _____
Relationship: _____
Tel: _____

Please indicate your availability (including times):

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Weekends: _____
Evenings: _____

Areas of Interest
(please indicate more than one):

Admissions	_____
Special Event Support	_____
Film	_____
Education	_____
Docent	_____
General Administration	_____

**Please mail this completed application to:
Volunteer Coordinator, Museum of Photographic Arts, 1649 El Prado, San Diego, CA 92101**