

TheAutry.org

4700 Western Heritage Way Los Angeles, CA 90027

T: 323.667.2000



Thank you for your interest in volunteering at the Autry Museum of the American West. All applications are reviewed to find the perfect volunteer for the task. You will be contacted if there is a match. If there isn't an appropriate opportunity at this time, we will retain your volunteer application for future consideration.

Name			Date
(Last)	(First)	(Middle)	
Address		City	Zip
Cell Phone	E	mail	
Volunteering	at the Autry		
How did you learn	about our volunteer op	portunities?	
Are you a member	of the Autry?	yesr	10
What interests you	about volunteering at	the Autry?	
Interests / Av	ailability		
Please indicate the	areas in which you ma	ay want to volunteer	
Special Event	s/Programs (requires eve	ning and weekend availabilit	y) Docent Program
Please List your av	ailability		
Monday	to	Friday	to
Tuesday	to	Saturday	to
Wednesday	to	Sunday	to
Thursday	to		

Work History / Experience

Employer/Company Name	From	То
Title/Role	(Mo / Yr)	(Mo / Yr)
Duties		
Employer/Company Name		
Title/Role	(IVIO / Yr)	(IVIO/ Yr)
Duties		
Volunteer Work Experience		
Additional skills		
Additional language (s)		
Education		
Highest Level of Education Completed		
Name of School Attended		
Degree Obtained		

Please send completed applications to:

Thea McKay, Volunteer Coordinator

Email: tmckay@theautry.org

Thank you for thinking of the Autry!