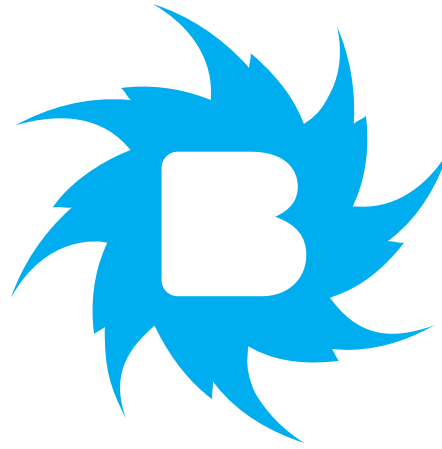


Application Form for Student Guide Training



Name: _____

Address and ZIP code: _____

Home phone: _____

E-mail: _____

Date of birth: _____

School/college name: _____

We would like to get to know you better. Please write a few sentences in response to each question below.

1. Why you would like to participate in the Student Guide program and volunteer at the Brooklyn Museum?

2. How do you think this program will help you grow personally and professionally?

Please return this form along with a copy of your résumé to:

Academic Programs Coordinator

Education Division

Brooklyn Museum

200 Eastern Parkway

Brooklyn, NY 11238

Or e-mail: academic.programs@brooklynmuseum.org

Brooklyn Museum

200 Eastern Parkway, Brooklyn, NY 11238-6052

T(718) 501-6230 F(718) 501-6129

www.brooklynmuseum.org