

Illinois Association of Museums Volunteer Service Awards 2021

MUSEUM INFORMATION

Museum Name

Address
Street Address
City
State
Zip Code
Website
Phone Number

Museum Contact Name (Person applying for award)

Email
Phone Number

Museum Operating Information

Annual Operating Budget

- Under 10,000 Specify _____
- 10,000-25,000
- 25,000-50,000
- \$50,000 - \$100,000
- \$100,001- \$250,000
- Over 250,000 Specify _____

Year founded:

Number of paid staff (Count full time and part time):

Are you volunteer-run? Yes/no

Annual visitor count:

How many hours per year are you open to the public (in a non-Covid year)?

- By appointment only
- Less than 100 hours
- 100-500
- 501-1000
- Over 1000

Museum Mission Statement:

VOLUNTEER AWARD INFORMATION

Name of Volunteer:

Years of Service:

- 10 year
- 25 year
- 50 year

Describe your volunteer. Let us know why they are special. (500 words):

Additional Information:

- Please include 3 – 5 pictures of the volunteer through time.
- You may include up to two letters of support from community members.