

303 Homestead Avenue
Holyoke, MA 01040
413.538.7000

Financial Aid Office
P: 413.552.2150
F: 413.552.2192

**Federal Work Study
Job Description Form**

Job Title: Art Gallery Assistant

Desired No. of Hires:

Department or Organization: HCC Taber Art Gallery

Address (Off campus only):

Supervisor: Kim Hicks
Office: Donahue 370
Phone: 413-552-2279
Email: khicks@hcc.edu

Designee: Amy Johnquest
Office: Donahue Library Lobby
Phone: 413-552-2614
Email: ajohnquest@hcc.edu

General Job Description:

Detailed List of Duties:

Opening and closing gallery and remaining in the gallery during assigned hours. Assisting the gallery director in spackling and painting walls, preparing signage and helping to hang, remove or pack art work. Keep a clean orderly and professional atmosphere. Assisting with mailings, data entry, answering phones, help with receptions and promotions as needed. Familiarity with whatever is the current exhibition and give assistance (with questions etc.) to gallery visitors.

Opportunities for Advancement: *Please list those duties an employee can expect to learn in terms of job growth, if rehired.*

Responsibility Involved: *Consider responsibility for direction of others, service to the public, equipment or materials used, and the amount of confidentiality required.*

Skills and/or previous experience desired:

Reliability, dependability and punctuality are absolute requirements.

Amount of supervision required:

Regular Occasional Minimal

Student employees are not permitted to work without any supervision.

Hours desired to cover (evening, weekend, etc.):

How to Apply:

If interested, please list your:

- Name, Email, Phone and Home Address
- Degree or Certificate of Major at HCC
- Hours/days available to work and course schedule
- References from previous work experience and/or a recommendation from an HCC teacher

Deliver or email this information (do not call) to:

Amy Johnquest, Director of Taber Art Gallery
Holyoke Community College
303 Homestead Ave
Holyoke, MA 01040
ajohnquest@hcc.edu

Completed and Submitted By:

Print Name of Supervisor

Title

Date

Please return completed form to skapinos@hcc.edu