



Application for Volunteer Service

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Education Level: High School Tech School College Graduate School

Employer: _____ Occupation: _____

How many hours per month do you feel you could contribute to the museum?

(Please circle choice) 4 8 12 16 20 24 More: _____

Please list any skills, interests, hobbies, and talents you would like to share as a volunteer:

Time of day available: Daytime Evening Weekend

What days would you be available? S M T W T F SA

Please indicate activities you feel you would be interested in volunteering:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Admissions/Gift Shop | <input type="checkbox"/> Collections Monitor | <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Education |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Car Show Registration | <input type="checkbox"/> Building/Grounds | <input type="checkbox"/> Exhibit Construction |
| <input type="checkbox"/> Library/Archives | <input type="checkbox"/> Membership Recruitment | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Communications |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Clerical | <input type="checkbox"/> Security | <input type="checkbox"/> Housekeeping |

Do you have any physical limitations that need special consideration (lifting, standing, physical activities):

EMERGENCY CONTACT INFORMATION

Name: _____

Phone: _____ Relationship: _____

Signature: _____ Date of Application: _____