

Help us find the best volunteer placement for you!

Do you have volunteer experience? Yes No

Name and phone number of another organization for which you have volunteered:

Name: _____ Phone: _____

Supervisor: _____ Years worked there: _____

Type of work performed: _____

Special interests or hobbies that might apply at the Museum: _____

Which days and hours are you available to volunteer? (We are open 10:00-4:30)

Tues.	Wed.	Thurs.	Fri.	Sat.

References and additional information:

Please list two people who have knowledge of your character, experience or ability:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

I hereby agree to follow all museum and volunteer policies and procedures while working as a volunteer. I declare that I have answered all questions truthfully and have not willingly omitted any information. By signing this application I agree to the above, and acknowledge that my references may be called.

Signature: _____ Date: ____/____/____