

Start Date:
End Date:
Assignment:
Gift Shop-Tours-Programs-Events- Collections

Middle

Volunteer Application

Last

Name:

Please use a pen to fill out the volunteer application. Answer each section with all the required information. Incomplete application will not be accepted.

First

Home Address:							
Telephone:		Email:					
Cell Phone:							
Notify in Case of Emergence	ey:						
Name:							
Telephone:		Relation	ship:				
Education:							
Circle highest level of education completed:							
High School/GED	College-Undergr	raduate	Graduate School				
Current School Attending:							
Please List All Degrees:							

Which areas are you interested in working in?							
Skills:							
Please list all skills, training.	, interests or hobbies that wor	uld be useful to the museum.					
List any languages, other tha	nn English, which you speak	and read fluently.					
Check (✓) below the machi	nes or tools you can operate.						
Computer	Internet/Facebook	DVD Player					
Microsoft Excel	Telephone	Powerpoint					
Copy Machine	Microsoft Word	Microsoft Access					
Microsoft Publisher	Fax Machine/Scanner						
Do you have a current driver	r's license? Do you ha	ave any driving restrictions?					
Do you have a car that you v	would be willing to use for vo	olunteer jobs?					
List current or previous volu	nteer and work experience w	rith dates, including the HLOM.					
Is there anything that would we described in the voluntee		performing the duties of the job that					

Please lis	st hours available	each day.			
Tue	AM/PM	Wed	AM/PM	Thu	AM/PM
Fri	AM/PM	Sat	AM/PM		
Evening	Availability				

Availability: