



VOLUNTEER APPLICATION FORM

First Name

Last Name

Address

City

Zip

Email Address

Phone #

Education (include degrees/diplomas and/or current school and grade)

Employment Experience

Volunteer Experience-Name of Organization

Activities

How did you find out about our volunteer program?

Please list related skills:

Areas of Interest (please check all that apply):

Curatorial

Education

Research

Docent

Visitor Services

Special Events

Availability

When are you able to start? _____ What days are you available? T W Th F Sat Sun

Please identify the time slots you prefer:

Weekdays: Anytime

Morning

Afternoon

Evenings

Weekends: Anytime

Morning

Afternoon

Evenings

Reference Name

Title

Phone #

Reference Name

Title

Phone #

Emergency Contact Name

Relationship

Phone #

List any medical conditions or limitations: _____

Date of Birth (optional –for birthday cards): _____

Month

Day