

Volunteer Application



Date _____

Name (Mr. Mrs. Ms.) _____ Phone _____

Address _____

Email address _____ Birthday (month, day) _____

Emergency Contact: _____ Phone _____

Medical info that might be helpful to us _____

Local Reference (not a relative) _____ Phone _____

Employment or Volunteer Experiences (or attach resume):

Hobbies or Other Interests: _____

Please check your area(s) of interest:

___ Docent (museum guide)

___ Information Desk at W.W.F.T. Museum

___ Outreach Presentations

___ Information Desk or Shop Clerk at P.A.M.

___ Special Events

___ Landscape Care (tend roses, Cayce herb garden, etc.)

___ Children's Programs

___ Traditional Crafts or Skills

___ Historic Research

___ Clerical/Administrative

___ Collections/Artifact Care

___ Construction of Exhibits

Times Available _____

Office Use Only

Date of interview _____ By whom _____

Were basic responsibilities & expectations discussed? _____

Date of instruction for specific duty _____ Date emergency procedures discussed _____

Additional forms attached: volunteer agreement, background check permission

Date volunteer left museum _____ Reason _____ Date "thank you" sent _____

Volunteer Requirements _____

Referral Information _____