



Volunteer Application

Today's Date:

Personal Information:

Name:

Address:

Phone:

Email:

IF under 18, a signed permission slip is required. If under 18 how old are you?

Do you have any special medical conditions we should be aware of?

Emergency Contact Name:

Relation:

Emergency Contact Number:

Do you carry auto insurance? (This info is necessary for our insurance requirements)

If so please provide your insurance company:

Volunteer interest:

Are you interested in becoming a regular volunteer? YES NO

Are you volunteering for a one- time event? YES NO

Event and date:

What are you areas of interest, circle all that apply:

Museum Staff

Programs

Administrative

Fundraising

Marketing/PR

Special Events

Exhibit Design