



*Where Imagination
Takes Flight*

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work / Cell Phone	
E-Mail Address	

Availability

Please indicate day(s) you can help weekly, and note times available. Museum is closed Mondays

- Tuesday Wednesday
 Thursday Friday
 Saturday Sunday

Interests

Tell us in which areas you are interested in volunteering

- Museum Collections
 Tour Guide/Docent
 Library
 Research
 Special Events
 Educational Outreach:
 Program Teacher
 Program aid

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.