General Volunteer Application

Contact Information														
Last Name:							First Name:							
Mailing							mary	E-						
Address:						ma	ail:							
Primary							Emergency							
Phone:				Co	ntact									
Backgrour	Background Information													
How did you h														
our Volunteer Program?														
What do you hope to gain														
from volunteering?				1		ı	1							
Are you a High			Are you ov		over		.,		you completing					
Museum member? Ye			No 18?			Yes	No		community Service?			Yes	No	
If yes, please explain your reason for service.									you have experience with ldren?			Yes	No	
,			igh School Underg			ergrad	graduate Graduate						140	
Previous Volunteer							,							
Experiences														
,		l												
Availability & Positions (circle all that apply)														
Positions: Informa		nation	on Films		T	ectur	tures		chibitons Special		ecial	Education		
Des		sks								Events				
Days:	Tuesday		W	Wednesday		Thursday		F	riday Saturday		Sunday			
Preferred	Morning		А	Afternoon		Evening		Lat	e Night					
Time:	(10am	n-1pm)	(1pm-4pm)			(After 5pm)		(9pn	n-12am)					
										-				
Other Information You Would Like Us To Know														
Print Name					Çi	gnatiii	. D.							
Print Name: Signature:														
Date:														