



Volunteer Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Preferred method of contact

- Phone
- Email

Would you like to be added to the email database to receive museum updates and activities?

- Yes No

Why are you interested in volunteering?

- Personal Interest
- Educational Internship
- Community Service Hours
- Other

Which opportunities do you wish to further explore?

- Docent
- Collections Asst.
- Exhibit Prep.
- Education Progs.
- Events Help
- Research
- Oral History
- Cataloging
- Web Dvlpmt.
- Brochures/Mailings
- Inventorying
- Data Entry
- Scanning
- Bldg. Maintenance
- Donor Dvlpmt.
- Phone Support
- Programs
- Office Management
- Photographs
- Writing
- Other

List any previous or current volunteer experience

Organization	Position/Responsibility	From (yy/mm)	To (yy/mm)

Describe your favorite Volunteer Experience

How long can you commit to volunteering?

- One time
- Occasionally
- 3-6 months
- 6 months or more
- Other

What days are you available?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sundays

What times are you available?

- Mornings
- Afternoons
- Evenings

Do you prefer to work (check all that apply)

- Directly with people served Behind the scenes Computers
- Maintenance No preference

Special Skills or Qualifications

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

Agreement

Volunteer agrees to:

1. Fulfill duties with accepted assignments.
2. Keep a record of all hours worked and entered onto WCM binder.
3. Use space and equipment only for assigned work.
4. Arrive promptly and inform staff of expected and unexpected absences.
5. Report any problem to the staff at once.

WCM agrees to:

1. Provide training and staff support for the volunteer.
2. Set up periodic meetings to assess the work/project to date.
3. Keep a record of volunteer's time and accomplishments for future use.
4. Provide the same working conditions as given to paid staff doing similar work.

By signing below, volunteer certifies that s/he is not prohibited by law from working near or with minors and all written information is true and accurate.

Volunteer Signature

WCM Staff Signature, Title

Today's Date

Volunteer's Schedule at WCM (days and hours) _____

In Case of Emergency

Contact Name _____

Contact Phone _____