

Volunteer Application



NAME: _____, Nickname: _____

CONTACT INFORMATION

Street Address: _____

City/State/Zip: _____

Home Phone: _____, Work Phone: _____

Cell Phone: _____, Email: _____

SAFETY INFORMATION

In Case of an Emergency, Contact: _____

Relationship to Volunteer: _____

Home Phone: _____, Work Phone: _____

Medical/safety issues the Washington County Museum should be aware of include:

BACKGROUND INFORMATION (attach resume if necessary)

Academic Experience

_____ School Name	_____ Degree/Course of Study	_____ Dates
_____ School Name	_____ Degree/Course of Study	_____ Dates
_____ School Name	_____ Degree/Course of Study	_____ Dates
_____ School Name	_____ Degree/Course of Study	_____ Dates

Employment Experience

_____ Company Name	_____ Job Title	_____ Dates
_____ Company Name	_____ Job Title	_____ Dates
_____ Company Name	_____ Job Title	_____ Dates
_____ Company Name	_____ Job Title	_____ Dates
_____ Company Name	_____ Job Title	_____ Dates

Volunteer Experience

Organization Name	Volunteer Position/Activity	Dates
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Special Skills and Talents (i.e. computers, writing, photography, clerical, foreign language, fine arts, etc., etc.)

Have you ever plead guilty to or been convicted of a crime? NO, YES – If “yes,” please explain: _____

Are you willing to complete a criminal background check? NO, YES

VOLUNTEER INFORMATION

Volunteer Availability (check all that apply)

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteer Activity Interests (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Administrative Aide | <input type="checkbox"/> Maintenance Aide |
| <input type="checkbox"/> Collections Aide | <input type="checkbox"/> Program Aide |
| <input type="checkbox"/> Docent/Guide | <input type="checkbox"/> Program Presenter |
| <input type="checkbox"/> Guest Services Aide | <input type="checkbox"/> Researcher |

I certify that I am at least eighteen years of age and that the information provided on both sides of this form is accurate, complete, and been given voluntarily (If under eighteen years of age, a parent or guardian signature is required below). I understand that this information may be disclosed to any party with legal and proper interest, and I release the Washington County Museum from any liability whatsoever for supplying such information. I understand that I will not be paid or otherwise financially compensated for my services as a volunteer.

Signature

Date

Parent or Guardian Signature

Date