



Volunteer Application Form

PERSONAL INFORMATION

Date:

Name: Mr.: Mrs.: Ms.:

First Name

Middle Initial

Last Name

Address:

Street

City

Zip Code

Home Phone: ()

Work Phone: ()

Pager/Cell Phone: ()

Email Address:

Emergency Contact Information:
(Name, Address, Phone)

WHY DO YOU WISH TO BE A VOLUNTEER AT OUR FACILITY?

TYPE OF VOLUNTEER WORK DESIRED *(Please check all that apply)*

Administrative Support

Host/Hostess

Museum Shop

Collections

Imaginarium

Information Desk

Public Art

Docent

Library/Archives

Special Projects

Education Dept

Membership

PLEASE CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOU *(Training/Lessons/Schooling)*

Acting/Drama

Graphic Arts

Set Design

Computer Skills

Languages Which?

Voice/Music

Costume Design

AK Language Which?

Web Design

Crafts

Photography

Other

Dance

Printmaking

Fine Arts

Public Speaking

Please give a brief description of the experiences/training/media/achievements you've had in each of the above areas.

AVAILABILITY

Approximate total number of hours per week:

Days: Evenings: Weekends:

