



# Volunteer Application Form

Where learning and play  
go hand in hand.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Email Address \_\_\_\_\_ Adult \_\_\_\_\_ Student \_\_\_\_\_

How did you hear about the opportunity to volunteer at the Museum? \_\_\_\_\_

**What days / times are you available to work?**

**Areas of Interest** (Check all that apply)

\_\_\_\_\_ Playologist (Museum Floor Staff)

\_\_\_\_\_ Workshops and programs- Presenter or Assistant (circle one)

\_\_\_\_\_ Preschool Programs (weekday mornings)

\_\_\_\_\_ Community Outreach (fairs, festivals and promotions)

\_\_\_\_\_ Office / Computer Work

\_\_\_\_\_ Housekeeping/ Maintenance

\_\_\_\_\_ Work from home (program and craft prep work, mailings, etc)

Please list special skills you have that would benefit the Museum, particularly in the above areas that you are interested in \_\_\_\_\_

Why do you want to volunteer at the Museum? \_\_\_\_\_

What else would you like us to know about you? \_\_\_\_\_

**If you are a student volunteering for credit:**

Group's Name \_\_\_\_\_ Date work must be completed \_\_\_\_\_

Advisor's Name \_\_\_\_\_ # of hours required \_\_\_\_\_

School Name \_\_\_\_\_

**Reference** (other than family):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

**Emergency Contact Information:**

Name of Emergency Contact \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Other Phone \_\_\_\_\_