



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 _____