



## Volunteer Application

Name:

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Date:

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Address:

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Adult:

Student:

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Phone:

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Best Time to Reach You

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Email:

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

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**What are you interested in accomplishing as a volunteer?**

For example, volunteers do many things including but not limited to program preparation and facilitation, resetting the Museum floor, interacting with guests, and helping with special events.

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**Please list specific skills you have that support your goals as a volunteer from above:**

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Why do you want to volunteer at CMAS?

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What else would you like us to know about you?

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**Reference (other than family):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship  
to volunteer: \_\_\_\_\_

**Emergency Contact 1:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship  
to volunteer: \_\_\_\_\_

**Emergency Contact 2:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Group Name:

Advisor:

School Name:

Date Hours Must be Completed By:

# of Hours Required: