

## **VOLUNTEER APPLICATION**

ONCE FINISHED APPLICATION, PLEASE HAND APPLICATION TO STAFF MEMBER.

## **Contact Information** Name: Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: I am a student volunteer under age 18: **Emergency/Guardian Contact Information** Emergency Contact Person: — Relationship to you: \_ Phone: Do you have any allergies or physical ailments we should be aware of in case of emergency? Tell Us More What do you want to get out of your volunteer experience? How did you learn about our volunteer program? Interests or hobbies: Computer Skills: Other Skills: Previous Volunteer Experience: Do you speak a foreign language or know sign language? If so, please specify: **Employment Status** Full-Time: Part-Time: Retired: Other : Professional skills:

## Previous Volunteer Experience

Please summarize your previous volunteer experience

	nes Available <sup>.</sup>	to Volunteer						
Please check o	all that apply.							
Monday	Tuesday	Wednesday	Thursday	Friday		Saturday	S	Sunday
Morning	Morning	Morning	Morning	☐ Morning		<b>M</b> orning		1orning
☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoon	☐ Afternoor	n 🗆	Afternoon	□A	fternoon
Evening	<b>□</b> Evening	<b>□</b> Evening	<b>□</b> Evening	□Evening		<b>I</b> Evening		evening
In which area	ıs are you inter	ested in Volunt	eering?				-	
Administrative	Gardening	Visitor Services	Museum Advancement	Livesto	ck	Maintenan & Restorat		Special Events
Data Entry Office dministration	☐ Dye Garden ☐ Medicinal	☐ Gift shop cashier ☐ Docent/	<ul><li>□ Marketing</li><li>□ Public relations</li></ul>	☐ Pasture maintena	nce	☐ General maintenance ☐ Carpentry		☐ Colonial interpreters ☐ Event
Reception/ hones	Garden  Heritage Garden	tour guide Children's programs School tours	☐ Membership☐ Graphic☐ Design/Web☐ management☐	feeding  Barn maintena  Health Days		☐ Historic machinery ☐ Historic restoration	,	Planning  Set-up  Ticket sale
·		cts or programs i						
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