

Volunteer Application Form

Name: _____ Birth date (Month and Day only): _____

Home Address: _____

City/State/Zip Code: _____

Phone: _____ Email: _____

SPECIAL REQUIREMENTS/MEDICAL ALERTS:

EMERGENCY CONTACT:

Name: _____ Phone: _____

VOLUNTEER INTERESTS: (Please check)

- | | | |
|---|--|--|
| <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Special Events | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Book Reviewer | <input type="checkbox"/> Office Specialist |
| <input type="checkbox"/> Education Programs | <input type="checkbox"/> Anywhere Needed | |

SKILLS: (Please check)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Computer |

VOLUNTEER AVAILABILITY :The shifts in the Gift Shop are: (Please Circle preference)

- Monday Tuesday Wednesday Thursday Friday Saturday
- Every week Once a month Twice a Month As needed
 - 10:00 AM – 1:30 PM ○ 1:30 PM – 5:00 PM.
- Sundays May – October
 - 12:00 PM – 5:00 PM

You may call me on short notice if another volunteer has to cancel: YES NO

Other volunteer positions are on an as needed basis. Is there any day, which you are not available?

If so please list the day. _____

EXPERIENCE:

Work related: _____

Previous volunteer position(s): _____

How did you hear about our Volunteer Program? _____

SIGNATURE

DATE