

# NEW VOLUNTEER APPLICATION



## Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_

Volunteer Type:  Adult  Undergraduate  Graduate  High School

## Address

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

## Volunteer Preference

- Education
- Exhibitions & Collections
- Visitor Services
- Special Events
- Administrative
- Docent (tour guide)
- General
- Facilities (patch/paint/plants, etc.)

## Availability

Circle your availability below.

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday  
 On Call and/or Special Projects

## Questionnaire

Please rate your comfort level with the following activities:

|   | <i>not at all</i>  |   | <i>very</i>        |   |   | <i>check here</i>          |
|---|--------------------|---|--------------------|---|---|----------------------------|
|   | <i>comfortable</i> |   | <i>comfortable</i> |   |   | <i>if willing to learn</i> |
|   | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Greeting Visitors                         | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Computer work (typing, spreadsheets)      | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Making phone calls                        | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Painting, light cleaning, gardening, etc. | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Helping children with art projects        | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Writing                                   | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Research                                  | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |
| Museum Shop (labeling, data entry, etc.)  | 1                  | 2 | 3                  | 4 | 5 | <input type="checkbox"/>   |