

Volunteer Application



Date: _____

Name: _____ Birthday (month/day): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact (name & phone): _____

Are you a Coastal Discovery Museum Member? Yes Not Yet

Are you over 18 years of age? Yes Not Yet

Are you committed to volunteering a minimum of 20 hours per year? Yes Not Yet

Signature _____

Date _____

Volunteer Opportunities (check all that apply):

- ____ Front Desk / Museum Store
- ____ Marsh Tacky Horse Care
- ____ Gardens / Grounds
- ____ Office / Mailings
- ____ Special Events or Festivals

- ____ Docent:
- ____ Public Programs
- ____ School Programs
- ____ History
- ____ Nature

Work Interest

Describe briefly the different types of work in which you are most interested, experienced, or qualified.

List any areas of expertise you are interested in offering to the Museum: _____

Previous Experience

List any abilities and skills you possess and/or job and volunteer experiences that are pertinent to the position for which you are applying: _____

General Comments

Please include additional comments: _____
