

Volunteer Application



Date: _____

Name: _____ Birthday (month/day): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Emergency Contact (name & phone): _____

Are you over 18 years of age? Yes Not Yet

Are you a Coastal Discovery Museum Member? Yes Not Yet

Signature

Date

Volunteer Opportunities (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Museum Front Desk | <input type="checkbox"/> Museum Greeter | <input type="checkbox"/> Docent: |
| <input type="checkbox"/> Gardens / Grounds | <input type="checkbox"/> Office | <input type="checkbox"/> Public Programs |
| <input type="checkbox"/> Barn /Horse / Animal Care | <input type="checkbox"/> Mailings | <input type="checkbox"/> School Programs |
| <input type="checkbox"/> Gallery Assistant | | <input type="checkbox"/> History |
| <input type="checkbox"/> Special Events or Festivals | | <input type="checkbox"/> 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: _____

