



VOLUNTEER INFORMATION SHEET

Date _____

First Name _____ Last Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Name and phone number of person to contact in case of emergency

Education and special training (include previous museum or library work)

Community Affiliations/Activities

Special Skills, interests, or hobbies:

Do you have computer skills? Yes No

Computer Programs/Software: _____

Please check the areas in which you would like to volunteer:

Welcome desk

Archives

Research

Assist w/programs

Maintenance/Repairs/Construction

Special Events

Other _____

Availability:

Days	Tues.	Wed.	Thurs.	Fri.	Sat.
Hours					

Weekly Monthly On-call basis Short Term