



## Volunteer Application

Today's Date \_\_\_\_\_ Age: Under 18 \_\_\_ 18years or older \_\_\_

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Nickname: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ Phones: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Home \_\_\_\_\_

Relationship \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What are your interests/concerns? \_\_\_\_\_

Please share your skills, education, and special training? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you have a car for use while volunteering? \_\_\_\_\_

What is the best time to call you? Morning \_\_\_ Afternoon \_\_\_

Please fill out the schedule below to show your availability.

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Mornings 9:00-1:00							
Afternoons 1:00- 5:00							
Evenings ( take work home)	N/A						N/A

**Please complete the reverse side.**

For how long are you available?

- One day special events or programs
- Short term (less than 1 month)
- Long term (more than 1 month)
- Summer Vacation

How many hours are you willing to spend volunteering at the museum?

- Weekly
- Monthly
- Other

Please check the areas that interest you.

- |   |   |
|---|---|
| <input type="checkbox"/> Gift Shop /Reception/Cashier     | <input type="checkbox"/> Community Outreach                 |
| <input type="checkbox"/> Tour Director/Docent/Interpreter | <input type="checkbox"/> Office/Clerical/Data Entry         |
| <input type="checkbox"/> Education Program Assistant      | <input type="checkbox"/> Marketing/Advertising/Fund Raising |
| <input type="checkbox"/> Board Committees                 | <input type="checkbox"/> Collections/Inventory              |
| <input type="checkbox"/> Grounds/Gardening/Maintenance    | <input type="checkbox"/> Painting/Repairs/Construction      |
| <input type="checkbox"/> Special Programs or Events       | <input type="checkbox"/> Planetarium                        |

Why do you want to volunteer? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Interest in Museums/Arts       | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Assigned Community Service     | <input type="checkbox"/> School Requirement    |
| <input type="checkbox"/> Government Program Requirement | <input type="checkbox"/> Have extra time       |
| <input type="checkbox"/> Job Training/Experience        | <input type="checkbox"/> Other _____           |

How did you learn of Kingman Museum's Volunteer Program? \_\_\_\_\_

Please list any allergies, medications, and physical limitations (this information will not prevent you from volunteering at Kingman Museum) \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for interest in Kingman Museum's Volunteer Program.**

Kingman Museum programs and exhibits are open to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital status, or family status. Kingman Museum is an Equal Opportunity Institution.