

# Volunteer Application

## Warrenville Historical Museum

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_

E-Mail address \_\_\_\_\_

**Occupation** \_\_\_\_\_

### Previous Museum Experience

\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

### Availability

\_\_\_\_\_ Sundays (Year round)

\_\_\_\_\_ Wednesdays (June, July, August)

\_\_\_\_\_ During the week for special projects

\_\_\_\_\_ Other \_\_\_\_\_

### Special Talents/Interests

\_\_\_\_\_ Be a docent at the museum-conduct tours

\_\_\_\_\_ Assist our directors in delving into research

\_\_\_\_\_ Help create displays

\_\_\_\_\_ Help plan educational program

\_\_\_\_\_ Assist in fundraisers

\_\_\_\_\_ Help with public relations

\_\_\_\_\_ Help plan children's program

\_\_\_\_\_ Make craft items with the Guild

\_\_\_\_\_ Periodically update website

\_\_\_\_\_ Prepare the quarterly newsletter

\_\_\_\_\_ Help prepare mailings

## References

Please give the name of three references who know of your abilities and interests.

### 1. Personal Reference

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_

### 2. Employment Reference

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_

### 3. Volunteer Reference

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_