



Get to Know the Volunteer

Name: _____ Date: _____

Physical Address: _____
Street City Zip

Mailing address: _____
Street City Zip

Home Phone #: _____ Cell Phone #: _____

E-mail: _____ Preferred contact: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Professional background or skills that you might like to share with the museum: _____

Volunteer experience or types of activities that interest you: _____

Is there anything that might limit your volunteer work? _____

Availability: ___ morning ___ afternoon ___ evening Day(s) of the week: _____

What type of time commitment you are looking for: _____

How did you hear about our volunteer program? _____

Interviewer: _____ Date: _____

Notes: _____

