

EVERHART MUSEUM

OF NATURAL HISTORY, SCIENCE & ART

VOLUNTEER APPLICATION

 LAST NAME FIRST NAME BIRTH DATE MALE/FEMALE

 HOME ADDRESS

 CITY STATE ZIP

 HOME PHONE CELL PHONE EMAIL

 HEALTH CONCERNS

 EMERGENCY CONTACT PHONE RELATIONSHIP

What days and times are you most likely to be available?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
AFTERNOONS							
EVENINGS							

What months you are typically available to volunteer?

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

As a volunteer, what are you specifically interested in? (check all that apply)

DOCENT/GUIDE*

- ADULTS
- CHILDREN
- FULL TOUR
- FINE ART
- AFRICA
- EGYPT
- WESTERN CIVILIZATION
- FOLK ART
- DINOSAURS
- ORNITHOLOGY
- DORFLINGER GLASS
- CHANGING EXHIBITS
- WORKSHOPS

GENERAL ASSISTANCE

- OFFICE SUPPORT (MAILINGS, ANSWERING PHONES, FILING)
- CURATORIAL ASSISTANCE
- PUBLIC RELATIONS
- SPECIAL EVENTS
- CONSTRUCTION/RENOVATION
- OTHER

INTERNSHIP* (COLLEGE)

ART OR CRAFT INSTRUCTOR

*requires additional application materials

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What is the best way to schedule you? How much notice do you need?

Why are you interested in being an Everhart Museum Volunteer?

List previous work or volunteer experience that may be relevant.

Explain any special skills, training, and interests that may be beneficial to this work.
(Such as public speaking, art history, languages, crafts, etc.)

Any additional comments or questions?

List any colleges or universities attended, degrees, and major fields of study

SCHOOL _____ DEGREE _____ MAJOR _____

SCHOOL _____ DEGREE _____ MAJOR _____

OTHER _____

If you are a high school student, please provide:

SCHOOL _____ GRADE _____ CITY/TOWN _____

Are you a museum member? YES NO DATE JOINED _____

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Please read all of the information carefully and sign below.

Your signature implies that you have read and agree with the following statements pertaining to your participation in the Everhart Museum's Volunteer Program:

- I have read any materials provided and understand that I am a volunteer and may terminate my association with the Everhart Museum at any time.
- I agree to behave in conformity with the rules and regulations of the Everhart Museum. Failure to do so could result in immediate dismissal from the volunteer program.
- I am aware that volunteers may be photographed for educational, archival, or public relations purposes. I give my consent that photographs of the participant may be published in Everhart Museum materials.
- I understand that although the Everhart maintains the highest safety standards, the museum does not assume liability for accidents, illness, or disease.

NAME (PLEASE PRINT)

SIGNATURE

DATE

If you are under 18, please provide:

AGE _____ DATE OF BIRTH ____/____/____

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

For office use only: Application received

Interview