## **Greater Southwest Historical Museum Volunteer Application**



Contact Information
Name Street Address City, ST ZIP Code Home Phone Other Phone E-Mail Address
Background
Are you 16 or over? Highest Level of Education Employer/Profession
Availability
During which hours are you available for volunteer assignments?  Weekday mornings Weekend mornings Weekday afternoons Weekend afternoons
Weekday evenings Weekend evenings  Would you like a weekly commitment of hours? Yes / No Or would you like to be called when needed for certain projects? Yes / No
Interests
Tell us in which areas you are interested in volunteering.
Administrative Events Front Desk/Gift Shop Fundraising Maintenance/Grounds Curatorial/Collections Newsletter production Volunteer coordination Children's Programs

Special Skills or Qualif					
Summarize special skills and work, or through other activ				oyment, previous v	volunteer
Previous Volunteer Ex	perience				
Summarize your previous v		e.			
Our Organization Tell us why you are interes	tad in valuntaaring	at the Muse	num.		
Tell us why you are interes	ted in volunteering	at the Muse	eum.		
Agreement and Signa		o facto cot f	arth in it ara t	rue and complete	Lundorstand
By submitting this application that if I am accepted as a made by me on this application.	volunteer, any false	e statements	s, omissions, o	r other misreprese	entations
Name (printed)					
Signature					
Date					