

www.shermanmuseum.org

Volunteer Application

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability	
Availability During which hours are you as	vailable for volunteer assignments?
During which hours are you a	Valiable for Volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Interests	
Tell us which areas you are in	terested in volunteering
Administration / BookkeeEventsHosting Visitors at MuseuFundraisingVisitor CenterPublication productionNewsletter productionVolunteer coordinationExhibitsOther	im
Special Skills or Qualifica	
Summarize special skills and or through other activities, inc	qualifications you have acquired from employment, previous volunteer work, luding hobbies or sports.

Previous Volunteer Experience		
Summarize your previous volunteer experience.		
Person to Notify in Case of Emergency		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
A 1 O' 1 O'		
Agreement and Signature		
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by		
	sult in my immediate dismissal.	
Name (printed)		
Signature		
Date		

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.