



Volunteer Form

Name _____

Address _____

Phone _____

Email _____

Educational Background _____

Special Skills/Interests _____

Previous Volunteer Experience _____

Volunteer Interests

- Docent
- Gift Shop/Admissions/Administrative support
- Exhibit support
- Collections support
- Communications & public outreach
- Maintenance
- Other _____

Availability

- | | | |
|-----------|-----------------------------|-----------------------------|
| Tuesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Thursday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Friday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| Saturday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |

I agree that the WCHS Museum may use the personal information provided for the purposes of processing this application and administering the volunteer program. I understand that the WCHS Museum will not use my personal information for any other purposes and will not disclose it without my written permission.

Signature