

Volunteers Application

Thank you! We're delighted you are interested in giving time to the Clarke Museum

Name: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Emergency name & phone: _____

TELL US ABOUT YOURSELF – what is your interest/experience in history & museums?

How would you like to help at the Clarke?

Gallery docent: _____ Working with collection: _____ Computer work: _____

Giving tours: _____ Outreach programs to schools: _____ Gift Shop: _____

Special events, Arts Alive. etc: _____ Other: _____

WHEN ARE YOU AVAILABLE? Museum hours are 9-4 Wed – Sat

HOW DID YOU HEAR ABOUT US?

PLEASE LIST THREE REFERENCES:

1) Name: _____

How they know you: _____

Phone: _____

Email: _____

2) Name: _____

How they know you: _____

Phone: _____

Email: _____

3) Name: _____

How they know you: _____

Phone: _____

Email: _____