Volunteer Application

Thank you for your interest in donating your time and energy to the Clarke Museum! Please fill out the following form and return it to the museum via mail or in person and we will contact you about available opportunities!

Name:______________________________________________ Date: ____________________

Address:______________________________________________________________________

Phone:______________________________  Email: ___________________________________

Emergency Name and Phone:______________________________________________________

Preferred Gender Pronouns:

Tell us about yourself! Why are you interested in volunteering here and what experience do you have with museums and museum work?

How would you like to help at the Clarke?

<table>
<thead>
<tr>
<th>Galley Docent</th>
<th>Leading Tours</th>
<th>Special Events</th>
<th>Working with collections</th>
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<tbody>
<tr>
<td>Computer work</td>
<td>Exhibit installation/deinstallation</td>
<td>Other:</td>
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When are you available? Museum Hours are 10-6 pm Tuesday-Saturday, 11-4 Sunday

How did you hear about us?

Clarke Historical Museum 240 E Street, Eureka, CA 95501 707 443 1947 admin@clarkemuseum.org
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