

# 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?

Galley Docent	Leading Tours	Special Events	Working with collections
Computer work	Exhibit installation/deinstallation	Other:	

When are you available? Museum Hours are 10-6 pm Tuesday-Saturday, 11-4 Sunday

How did you hear about us?