

# Fort Point MUSEUM

## Volunteer Application

Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

How would you like to help? (check all that apply):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Board of Directors   | <input type="checkbox"/> Collections     |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Exhibits        |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Genealogy            | <input type="checkbox"/> Grounds keeping |
| <input type="checkbox"/> Maintenance    | <input type="checkbox"/> Marketing            | <input type="checkbox"/> Research        |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Tour Guide           | <input type="checkbox"/> Website         |
| <input type="checkbox"/> Other _____    |   |  |

What would you like to get from your volunteer experience?

What should we know about your previous employment, volunteer, or educational experiences?

Do you prefer work you can do at home, or at the site? \_\_\_\_\_

What is your availability?

- |                                  |                                    |                                    |                                   |
|----------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday  | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday  | <input type="checkbox"/> Saturday  | <input type="checkbox"/> Sunday    |                                   |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening   |                                   |

I hereby authorize the museum to maintain this information in their records, with the understanding that it will not be shared outside of the museum. Furthermore, I understand and will respect the confidential nature of information that I may access in performing my volunteer duties for the museum.

Signature \_\_\_\_\_ Parent/Guardian (if under 16) \_\_\_\_\_