# VOLUNTEER REGISTRATION FORM

\* Please complete this application form clearly and accurately.

## Introduction:

FirstName: LastName: Address:

City: State: Zip:

Contact Details: OtherContact Details:

**Personal Information:**

Age and DateofBirth: Gender and Pronouns: Education:

* Does your employer provide time for your volunteer activities? If so, please provide youremployer’scontactinformation:

Personal Contact:

Cell Phone Landline Email

## Personal Skills& Expertise:

(Write in details)

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## What Languages You Spoke:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What are YourPreferences?

TOURS: Adults Children Youth

## Event Types:

Daytimeonly

Dayor evening

Concessions

* + Setup andtakedown

Off-siteoutreachevents

* COLLECTIONS*(MustmeetwiththeCollectionsManager)*
* GENERALSTORE
* GARDENING
* OFFICEADMINISTRATIVESUPPORT
* GENERAL MAINTENANCE & CLEANING

## Your Availability:

Please indicate the days and times you are usually available to volunteer.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | TUE | WED | THU | FRI | SAT | SUN |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |

## Emergency Contact:

Pleaseprovideinformationabout the person for emergency contact.

FirstName: LastName: PrimaryPhone: SecondaryPhone: Relationship: Email:

**Volunteer Signature:**

**Date**

# Once this form is completed, you may send it on the following email address:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_