



# ATCHA VOLUNTEER APPLICATION

Date \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Areas of Interest (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"/> Marketing      | <input type="checkbox"/> Research             | <input type="checkbox"/> Maintenance     |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Tour Guide           | <input type="checkbox"/> Website         |
| <input type="checkbox"/> Other _____    |   |  |

Why do you want to volunteer at the museum?

Previous employment, volunteer, or educational experiences:

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   |                                   |
| <input type="checkbox"/> Specific Days/Hours: _____ |                                    |                                    |                                   |

How long of a commitment are you able to make?

- |                                   |                                   |                                 |                                      |
|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 1 year | <input type="checkbox"/> other _____ |
|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|

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. I also understand that it is museum policy to request a criminal record check and that it is my responsibility to submit the check in a timely fashion.

Signature: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(If under 16)