

# Mobile Medical Museum Volunteer Application



## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

Please indicate the hours that you are available for volunteer assignments:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Interests

Please indicate the areas in which you would like to volunteer:

- Collections Management
- Educational Programming
- Docent
- Tour Recruitment
- Research Requests
- Exhibit Design
- Fundraising and membership
- Marketing and social media
- Events
- Other (specify) \_\_\_\_\_

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Additional Information

Are you 18 years of age or older?	YES NO
Are you a student?	YES NO
<i>If yes:</i>	Field of Study:
	Anticipated Graduation Date:
	Dream Job:
<i>If no:</i>	Education Background:
	Field of Work:
Health Insurance Provider	
Primary Care Physician	

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	
<b><i>If under 18 years old:</i></b>	
Name of parent/legal guardian	
Signature of parent/legal guardian	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.