



VOLUNTEER APPLICATION

Page 1 of 3

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Birth Date: _____
MM/DD/YYYY

E-Mail: _____

In case of emergency contact: _____

Relationship: _____ Phone: _____

Please list any medical condition that we should know about in case of an emergency.

Please indicate your areas of interest to volunteer your time:

ELLIOTT MUSEUM

HOUSE OF REFUGE

Please indicate talents of expertise:

___ Admissions / Information Desk

___ Administrative Assistant

___ Museum Store

___ Art Studio Assistant

___ Archives & Library Assistant

___ Special Events / Evening programs

___ Curatorial Assistant

___ Educational Programming

___ Auto Gallery Guide

___ Intern (students only)

___ Exhibit Gallery Docent/ Guide Special Skills or Talents list below;

EMPLOYMENT STATUS

___ Full-time ___ Part-time ___ Retired ___ Student

___ I am a full time resident

___ I am a seasonal resident

from _____ to _____

___ I can be called on short notice to cover for absent volunteers





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Page 2 of 3

I am available to work (volunteer): Please check all that apply

We request volunteers work at least 3-4 shifts per month if possible.

Monday:	10am - 1pm	12pm - 3pm	2pm - 5pm
Tuesday:	10am - 1pm	12pm - 3pm	2pm - 5pm
Wednesday:	10am - 1pm	12pm - 3pm	2pm - 5pm
Thursday:	10am - 1pm	12pm - 3pm	2pm - 5pm
Friday:	10am - 1pm	12pm - 3pm	2pm - 5pm
Saturday:	10am - 1pm	12pm - 3pm	2pm - 5pm
Sunday:	10am - 1pm	12pm - 3pm	2pm - 5pm

Tell us why you would like to volunteer with The Elliott Museum:

Do you have volunteer experience? Y/N If so, where and how long?

Have you ever been convicted of a misdemeanor/felony assault, battery, theft, drug possession, crime against a child or DUI? Y/N If yes, please explain.

(Please note that a “yes” answer may not necessarily exclude you from volunteering.)

I understand that as a condition of my service as a volunteer of the Elliott Museum I will consent to a background check performed by ADP TotalSource

Driver’s license # _____ Signature: _____



VOLUNTEER APPLICATION

Page 3 of 3

Thank you for your interest in the volunteer opportunities at the Elliott Museum

We look forward to meeting with you and learning about your interests, skills and availability. If an appropriate volunteer placement at our organization is not available at this time, we will keep your application in our files for a period of 12 months and contact you when a position becomes available.

Thank you again for your interest in the volunteer opportunities at the Elliott Museum.

We accept the service of volunteers with the understanding that such service is at the sole discretion of the Elliott Museum and that our organization does not exist solely to provide opportunity for volunteer participation.

I certify that the information contained in this application is complete and truthful to the best of my knowledge. I understand that I may be subject to a background check prior to being given a volunteer position and I give consent to such check. I understand that I am voluntarily participating in any Elliott Museum programs and hold harmless the Elliott Museum from all responsibilities of personal injury. I hereby waive any and all claims against the Elliott Museum, its directors and employees for any damages or injuries which I may incur while participating in this program.

Signature: _____ Date: _____

If under 18, Parent or Guarding Signature: _____

Office use only

Interviewer: _____ Date: _____

Assignment: _____ Shift: _____

Start Date: _____ Entered in Past Perfect: _____

