

# EVERHART MUSEUM

OF NATURAL HISTORY, SCIENCE & ART

## VOLUNTEER APPLICATION

\_\_\_\_\_  
 LAST NAME                                      FIRST NAME                                      BIRTH DATE                                      MALE/FEMALE

\_\_\_\_\_  
 HOME ADDRESS

\_\_\_\_\_  
 CITY                                      STATE                                      ZIP

\_\_\_\_\_  
 HOME PHONE                                      CELL PHONE                                      EMAIL

\_\_\_\_\_  
 HEALTH CONCERNS

\_\_\_\_\_  
 EMERGENCY CONTACT                                      PHONE                                      RELATIONSHIP

What days and times are you most likely to be available?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
AFTERNOONS							
EVENINGS							

What months you are typically available to volunteer?

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

As a volunteer, what are you specifically interested in? (check all that apply)

**DOCENT/GUIDE\***

- ADULTS
- CHILDREN
- FULL TOUR
- FINE ART
- AFRICA
- EGYPT
- WESTERN CIVILIZATION
- FOLK ART
- DINOSAURS
- ORNITHOLOGY
- DORFLINGER GLASS
- CHANGING EXHIBITS
- WORKSHOPS

**GENERAL ASSISTANCE**

- OFFICE SUPPORT (MAILINGS, ANSWERING PHONES, FILING)
- CURATORIAL ASSISTANCE
- PUBLIC RELATIONS
- SPECIAL EVENTS
- CONSTRUCTION/RENOVATION
- OTHER

**INTERNSHIP\* (COLLEGE)**

**ART OR CRAFT INSTRUCTOR**

\*requires additional application materials

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## VOLUNTEER APPLICATION PAGE 2

What is the best way to schedule you? How much notice do you need?

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Why are you interested in being an Everhart Museum Volunteer?

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List previous work or volunteer experience that may be relevant.

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Explain any special skills, training, and interests that may be beneficial to this work.  
(Such as public speaking, art history, languages, crafts, etc.)

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Any additional comments or questions?

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List any colleges or universities attended, degrees, and major fields of study

SCHOOL \_\_\_\_\_ DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_

SCHOOL \_\_\_\_\_ DEGREE \_\_\_\_\_ MAJOR \_\_\_\_\_

OTHER \_\_\_\_\_

If you are a high school student, please provide:

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

Are you a museum member?  YES  NO      DATE JOINED \_\_\_\_\_

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## VOLUNTEER APPLICATION PAGE 3

Please read all of the information carefully and sign below.

Your signature implies that you have read and agree with the following statements pertaining to your participation in the Everhart Museum's Volunteer Program:

- I have read any materials provided and understand that I am a volunteer and may terminate my association with the Everhart Museum at any time.
- I agree to behave in conformity with the rules and regulations of the Everhart Museum. Failure to do so could result in immediate dismissal from the volunteer program.
- I am aware that volunteers may be photographed for educational, archival, or public relations purposes. I give my consent that photographs of the participant may be published in Everhart Museum materials.
- I understand that although the Everhart maintains the highest safety standards, the museum does not assume liability for accidents, illness, or disease.

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NAME (PLEASE PRINT)

SIGNATURE

DATE

If you are under 18, please provide:

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

For office use only: Application received

Interview