



BIRTHPLACE FOUNDATION AND MUSEUM

Volunteer Application

Name:

Email:

Address:

City/State/Zip:

Phone Number(s) (where you can be reached during daytime hours):

Education (please complete all that apply):

High School _____ Diploma? _____ College:

Special Certifications/Training:

Experience:

Current/Most Recent Employer: _____

Your title/position _____ Years of Service _____

Current/Most Recent Volunteer Position: (Organization) _____

Your Duties: _____ Years of Service _____

Volunteer Interests:

Skills and interests that you would like to share with us:

<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Living History	<input type="checkbox"/> Research Skills	<input type="checkbox"/> Sewing
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Writing	<input type="checkbox"/> Fundraising/grant writing	<input type="checkbox"/> Other:
<input type="checkbox"/> Office Skills	<input type="checkbox"/> Photography	<input type="checkbox"/> Teaching/Education	
<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Special Events	<input type="checkbox"/> Cooking	

Why do you want to be a volunteer with the Edith Bolling Wilson Birthplace Foundation and Museum?

Edith Bolling Wilson

BIRTHPLACE FOUNDATION AND MUSEUM

Please describe in professional

detail how your experience and/or your

personal interests would enhance your volunteer experience with the Edith Bolling Wilson Birthplace Foundation and Museum.

Is there anything else you would like us to know about you?

Scheduling

Do you prefer to volunteer:

_____ Weekly – What day?

_____ Monthly – What day?

_____ Twice Monthly – What days?

_____ Special Projects

_____ On Call Only (We will call you monthly or when we have needs)

Availability:

_____ Morning (10 am to 1:30 am)

_____ Afternoon (1:30 am to 5 pm)

Reference: (not related to you)

Name:

Phone Number:

Address: