# VOLUNTEER REGISTRATION FORM

\* Please complete this application form clearly and accurately.

## Introduction:

First Name: Last Name: Address:

City: State: Zip:

Contact Details: Other Contact Details:

**Personal Information:**

Age and Date of Birth: Gender and Pronouns: Education:

* Does your employer provide time for your volunteer activities? If so, please provide your employer’s contact information:

Personal Contact:

 Cell Phone  Landline  Email

## Personal Skills & Expertise:

(Write in details)

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## What Languages You Spoke:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## What are Your Preferences?

TOURS:  Adults  Children  Youth

## Event Types:

 Daytime only

 Day or evening

 Concessions

* + Setup and takedown

 Off-site outreach events

* COLLECTIONS *(Must meet with the Collections Manager)*
* GENERAL STORE
* GARDENING
* OFFICE ADMINISTRATIVE SUPPORT
* GENERAL MAINTENANCE & CLEANING

## Your Availability:

Please indicate the days and times you are usually available to volunteer.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | TUE | WED | THU | FRI | SAT | SUN |
| Morning |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |

## Emergency Contact:

Please provide information about the person for emergency contact.

First Name: Last Name: Primary Phone: Secondary Phone: Relationship: Email:

**Volunteer Signature:**

**Date**

# Once this form is completed, you may send it on the following email address:

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_