

PATRICK RANCH MUSEUM

VOLUNTEER APPLICATION FORM

Name (please print) _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email address _____ Preferred method of contact _____

We value our volunteers and want to find a volunteer position that is right for you. Please look over the list of positions and jobs that are needed, and feel free to check all that interest you. Keep in mind that not all positions may be available at this time.

- | | |
|---|---|
| <input type="checkbox"/> Archives/Collections Care | <input type="checkbox"/> Hospitality/Decoration |
| <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Research | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Marketing & Public Relations | <input type="checkbox"/> Membership Development |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Event Coordination |
| <input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Museum Docent | <input type="checkbox"/> Special Events |

How many hours do you wish to volunteer? _____ per week _____ per month

What days and times are you available?

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
_____	_____	_____	_____	_____	_____	_____

Please list any pertinent allergies or physical limitations: _____

Emergency Contact: Name _____ Phone _____

If accepted as a volunteer, I agree to attend an orientation session and to adhere to all the policies and procedures of the Far West Heritage Association.

Signature _____