



# Volunteer Application

The Museum of Cape May County

## Contact Information

Name:

Address:

Phone:

Email:

## Availability

Weekday Mornings

Weekday Afternoons

Saturday Mornings

Saturday Afternoons

How many days a week?

## Interests

In which areas are you interested in volunteering?

Office Duties (Phone, Mailing, Filing, Etc.)

Museum Tours

Research Library

Gift Shop

Computer Data Entry

Special Events

Fundraising

Collections Assistance (Inventory, Display)

Maintenance Assistance (Repairs, Clean Up)

Public Outreach (Newsletter, Press Release, Announcements, Etc.)

## Special Skills or Qualifications

Please provide a summary of the special skills and qualifications you have acquired from employment, previous volunteer work, or other activities, including hobbies or sports.

## Previous Volunteer Experience

Please provide a summary of your previous volunteer experience.

## Emergency Contact Information

Name:

Address:

Phone:

Email:

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed):

Signature:

Date:

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for completing this application form and for your interest in volunteering with us!**