



Volunteer Application

Name:	Date
Address:	Home Phone: ()
City/State/Zip:	Cell Phone: ()
Email:	Best Time to Call:

Reason I would like to volunteer:

Type of volunteering desired:

(guided tours, gift shop, sewing/crafting, jewelry making, clerical work)

Please check (x) the days/time slots below when you will be available to volunteer:

Museum Days:	Tuesday	Wednesday	Thursday	Friday	Saturday
Museum Hours:	10AM-3PM	10AM-3PM	1-4PM	10AM-3PM	Varies
Available:					

Other days/times available:

Qualifications and skills:

Name: _____

Employment and volunteer experience:

Are you currently employed? ___ Yes ___ No

Please list your present or last employer:

**Previous volunteer
experience:** _____

References: Please list references that we may contact regarding your application:

Name/Relationship	Address	Telephone
		()
		()
		()

Have you received VIRTUS training? ___ Yes ___ No Date of Certification:

Emergency Contact:

Name	Relationship	Contact Phone Number	Contact Cell Number
		() Home ___ Work ___	()
		() Home ___ Work ___	()

I certify that the information supplied on this application is true and complete to the best of my knowledge. I understand this information will be held in strict confidence by the Volunteer Coordinator of the Saint Marianne Cope Shrine and Museum.

Signature of Applicant

Date

(My signature gives the Saint Marianne Cope Shrine & Museum personnel permission to contact the person(s) I have listed as a reference.)

Please return application to the Shrine and Museum address