



Volunteer Application

Name: _____ Application Date: _____

Address: _____

Cell: _____ Home: _____

Email: _____

Please Circle Days & Times Available:

MON	TUE	WED	THURS	FRI	SAT
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evenings	Evening	Evening	Evening	Evening

Morning =9am-12/1pm

Afternoon=12-4pm or 1-5 pm

Please tell us more about your availability and preferences for work times/days: _____

First time volunteering with SHM? Circle up to three choices. Descriptions of volunteer opportunities are listed on attached page.

- Guest Services/Greeters
- History Characters
- Special Events
- Education Programs
- Exhibit Tours
- Research Center
- Facilities Support

You may attach a resume or separate sheet. Please describe:

Employment Experience:

Volunteer Experience:

Why do you want to volunteer at the Stearns History Museum? _____

Please list any special skills or knowledge you possess which are relevant to the volunteer position you are interested in doing:

Please share three references, including name and phone number, who could speak to your ability to perform the tasks you are interested in doing at the SHM:

Reference #1

Reference #2

Reference #3

For the safety of our staff and museum guests, Stearns History Museum may request a background check. Are you willing to give us permission to conduct a criminal background check through a 3rd party vendor? Y N