



Holland Museum Volunteer Application

Date of Application: _____

General Information

Name: _____
First Name Middle Initial Last Name

Address: _____
Street Address

City State Zip Code

Phone Number: _____ ___ home ___ cell ___ work

Alternate Number: _____ ___ home ___ cell ___ work

Email Address: _____

Have you ever been convicted of a felony,
or are there any felony charges pending against you? ___ yes ___ no

If "yes," please explain: _____

Availability

Please mark with an "X" the days and times you are usually available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning: _____	___	___	___	___	___	___	___
Afternoon: _____	___	___	___	___	___	___	___
Evening: _____	___	___	___	___	___	___	___

Are there any restrictions on your availability (seasonal, etc.)?

How frequently would you like to volunteer?

Daily Weekly Monthly One Time

Interest

Why are you interested in volunteering at the Holland Museum?

Please indicate your area(s) of interest (select all that apply):

Docent (Gallery Guide) Exhibit Development Other: _____
 Group Tour Guide Exhibit Installation
 Special Event Staff Educator
 Research Assistant Gardener

How did you learn about this volunteer opportunity?

Skills & Experience

Check all that apply: Employed Unemployed Retired Student

Employer's Name: _____ Job Title: _____

City: _____ State: _____ Employed from _____ to _____

Employer's Name: _____ Job Title: _____

City: _____ State: _____ Employed from _____ to _____

Education:

School/College Name: _____ Attended _____ to _____

Major: _____ Degree Obtained: _____

School/College Name: _____ Attended _____ to _____

Major: _____ Degree Obtained: _____

Please indicate your area(s) of skills and experience (select all that apply):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Artistic/Creative | <input type="checkbox"/> Photography | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Storytelling | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Scheduling | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Microsoft Suite | <input type="checkbox"/> Writing | <input type="checkbox"/> Proofreading |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Web Design | <input type="checkbox"/> Computer Programming |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Gardening | <input type="checkbox"/> Historic Research |
| <input type="checkbox"/> Other: _____ | | |

Other relevant skills, training, or education:

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

Please Read and Sign:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the Holland Museum volunteer program. I understand that my volunteer status may be terminated at any time by either party with or without cause. I further agree to comply with the policies and procedures, as well as safety practices in all areas of the Holland Museum.

I authorize the Holland Museum to check and verify all information on this application. In order to serve the best interest of Museum visitors, the Holland Museum will conduct a criminal background check on all volunteers. I fully release references, employers, and the Holland Museum from any liability resulting from the verification process.

By signing, I indicate that I have read and understand the above statement.

Applicant Signature

Date

Staff Signature

Date