

# SOUTHEAST VOLUSIA HISTORICAL SOCIETY NEW SMYRNA BEACH MUSEUM OF HISTORY VOLUNTEER APPLICATION

DATE \_\_\_\_\_

NAME: \_\_\_\_\_

First	Initial	Last
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ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

# EMERGENCY

CONTACT: \_\_\_\_\_

## AVAILABILITY

We offer two shifts each day: 9:45a-1p OR 1p-4:15p.

I can commit to helping \_\_\_\_\_ times a week or \_\_\_\_\_ times a month

My commitment will be variable \_\_\_\_\_

I am a full time resident \_\_\_\_\_ I am a resident from \_\_\_\_\_ to \_\_\_\_\_

**SCHEDULE** (check all that apply)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

What special experience or skills can you offer the museum?

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How did you hear about volunteering at the museum?

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Thank you for your interest. You will be contacted by our Volunteer Coordinator who will answer your questions about volunteering at the museum.

