

JOLIET AREA HISTORICAL MUSEUM VOLUNTEER APPLICATION

PERSONAL INFORMATION

FIRST NAME	M.I.	LAST NAME	
HOME ADDRESS		CITY	STATE & ZIP
HOME PHONE	CELL PHONE	OTHER	
E-MAIL		PLEASE CONTACT VIA HOME PHONE CELL OTHER E-MAIL	
EMERGENCY CONTACT #1 NAME PHONE RELATIONSHIP		EMERGENCY CONTACT #2 NAME PHONE RELATIONSHIP	
PRESENT EMPLOYER AND SUPERVISOR		TITLE	
EMPLOYER CONTACT INFORMATION		MAY WE CONTACT YOUR SUPERVISOR? YES NO	

VOLUNTEER EXPERIENCE

LIST ANY PREVIOUS AND/OR PRESENT VOLUNTEER EXPERIENCE. PLEASE INCLUDE THE DATES OF EXPERIENCE AND THE NAME AND PHONE NUMBER OF A SUPERVISOR.

ORGANIZATION / DUTIES	DATES OF SERVICE	SUPERVISOR	PHONE NUMBER

LIST EDUCATION OR WORK EXPERIENCES YOU HAVE HAD THAT WOULD ASSIST YOU AS A JAHM VOLUNTEER.

1.
2.
3.

LIST ANY SPECIAL SKILLS THAT YOU WOULD BRING TO THE MUSEUM (I.E. COMPUTER, RESEARCH, FOREIGN LANGUAGES, ETC.).

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VOLUNTEER INTERESTS

	WHAT ARE YOUR HOBBIES OR INTERESTS?	
	WHAT VOLUNTEER POSITION (S) ARE YOU INTERESTED IN? PLEASE CHECK ALL THAT APPLY.	
	<input type="checkbox"/> ROUTE 66 EXPERIENCE ASSISTANT <input type="checkbox"/> EVENT STAFFING <input type="checkbox"/> OFFICE/STAFF SUPPORT ASSISTANT <input type="checkbox"/> SPECIAL EVENTS ASSISTANT	<input type="checkbox"/> EDUCATION PROGRAM ASSISTANT <input type="checkbox"/> GALLERY GUIDE <input type="checkbox"/> DOCENT <input type="checkbox"/> GIFT SHOP ASSISTANT
	HOW OFTEN ARE YOU WILLING TO VOLUNTEER AT THE MUSEUM? PLEASE CIRCLE ALL THAT APPLY.	
	DAILY	WEEKLY
		MONTHLY
	WHICH DAY OR DAYS ARE PREFERABLE? ARE YOU WILLING TO WORK WEEKEND HOURS?	
	DO YOU PREFER MORNING, AFTERNOON, EVENING OR ALL HOURS?	OTHER COMMENTS:

HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES AT THE JOLIET AREA HISTORICAL MUSEUM?

To the best of my knowledge, the information above is accurate and up to date. I understand acceptance as a volunteer is subject to an interview and background check.

SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM TO THE MUSEUM:

VOLUNTEER CORDINATOR
204 N OTTAWA
JOLIET, IL 60432