



CAVE CREEK MUSEUM VOLUNTEER APPLICATION

Personal Data: (Please fill out completely)		
Last Name:	First Name:	MI:
Arizona Residence:		
City:	Street:	Zip:
State:	Zip:	
Permanent Residence: <input type="checkbox"/> Same as above		
City:	Street:	Zip:
State:	Zip:	
Cell Phone:	Home:	
E-mail:	Date of Birth:	
Do you require special accommodations for physical disabilities or other health concerns? If so, describe:		
Education:		
High School/GED:	Date of Graduation:	
College:	Field of Study:	
Other schooling, certificates or licenses?		
Current/Previous Employer: (If resume available, please submit with application)		
Past or Present Employer:	Location:	
Position:	Type of Business:	
Past Employer:	Location:	
Position:	Type of Business:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Skills:		
Please list special skills or training:		
Computer skills:		
Are you fluent in another language(s)? (Please specify)		
Are you a veteran?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Which branch(es)?		Dates of Service:
Emergency Contact		
	<i>Name</i>	<i>Phone Number</i>
1		<i>Relationship</i>
2		
Why do you want to volunteer at Cave Creek Museum?		

Volunteer Interest(s): (Select all that are applicable)

- | | | |
|---|---|--|
| <input type="checkbox"/> Admission Desk/Museum Store | <input type="checkbox"/> Exhibit Installation | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Research |
| <input type="checkbox"/> Carpentry/Maintenance/Dream Team | <input type="checkbox"/> Mailings/Office Work | <input type="checkbox"/> School Groups/Education |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Museum Store | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing/Newsletter |
| <input type="checkbox"/> Docent/Tour Guide | <input type="checkbox"/> Public Relations | |

Availability:

- | | |
|---|--|
| <input type="checkbox"/> Year-round | Weekdays: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Seasonal: From: _____ to _____
(month) (month) | Weekends: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | |

References

Name	Phone Number	Relationship
1		
2		

I certify that my statements on this form are true and agree that any falsification or omission by me in connection with this application or attachments there to shall constitute sufficient cause for termination of any volunteer service/internship resulting therefrom.

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____

I agree my electronic signature acknowledges my handwritten signature.

FOR OFFICE USE ONLY:

DATE OF INTERVIEW: _____ INTERVIEWER: _____

ASSIGNMENT(S): _____

SUPERVISOR: _____

ORIENTATION: _____

NOTES: _____

IF RETURNING BY MAIL, PLEASE SEND TO:

CAVE CREEK MUSEUM
P.O. BOX 1
CAVE CREEK, AZ. 85327
ATTENTION: MUSEUM DIRECTOR