



The Raleigh City Museum VOLUNTEER APPLICATION

Complete and return to the Volunteer Coordinator, Raleigh City Museum,
220 Fayetteville Street, Raleigh, NC 27601
Applications are accepted at all times, but assignments are made only as the need arises.
If you have any questions, please call the Volunteer Coordinator, 919-832-3775, ext. 23,
Monday through Friday, 9:00 a.m. - 5:00 p.m.

PLEASE TYPE OR PRINT.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____

Birthday: _____ Email: _____

EDUCATION

School _____ Major: _____ Degree: _____

School _____ Major: _____ Degree: _____

EMPLOYMENT

Company _____ Position _____

Dates of Employment _____

Company _____ Position _____

Dates of Employment _____

VOLUNTEER EXPERIENCE

Organization _____ Dates of Service _____

Organization _____ Dates of Service _____

REFERENCES

Name _____ Association _____ Phone # _____

Name _____ Association _____ Phone # _____

TO BE COMPLETED BY THE VOLUNTEER COORDINATOR

Start Date _____ Inactive Date _____

PLEASE NOTE IN WHAT AREA OF THE MUSEUM YOU WOULD LIKE TO VOLUNTEER AND WHY. PLEASE INCLUDE ANY SKILLS, HOBBIES, SPECIAL TRAINING OR INTERESTS THAT YOU MAY HAVE. (Ex. CPR/FIRST AID CERTIFICATION, PHOTOGRAPHY, DATA ENTRY,ETC.)

AVAILABILITY

Dates and times available (please check one or more):

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning					
Afternoon					

Assignment Preference (please check one or more):

_____ Weekly _____ 1-4 Days per Month _____ On Call/Special Events

Please indicate the maximum hours available per month:

I would like to offer my time as a volunteer staff member of The Raleigh City Museum. I understand that this is an inquiry and that placement is subject to personal interview, attendance at orientation and a mutual agreement in regard to placement. I understand that my time commitment is determined by the job I choose and that the benefits and experience gained from volunteering at The Raleigh City Museum are a result thereof. I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I authorize the Raleigh City Museum to verify any of the information I have provided. I release reference sources from all liability or damages on account of furnishing information regarding my personal character, habits, performance or disciplinary records.

Signature

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Please list any medical restrictions, requirements, or allergies:

Person to notify in case of emergency:

Relationship: _____

Phone: (Day) _____ (Evening) _____