

VOLUNTEER APPLICATION

Instructions: Type or print your answers except where signature is required. Complete the application in full.

Date of Application: _____

Name: _____ Date of Birth (dd/mm): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Other Phone: _____

Email: _____

Emergency Contact (Name, Relationship, Phone): _____

Experience

Have you volunteered before? ____ Yes ____ No Within the last 12 months: ____ Yes ____ No

What agency: _____

Two References: _____

Reason for volunteering: ____ Just for the fun of it! ____ School Requirement ____ Other

Please explain: _____

Schedule (Availability):

Weekdays: ____ Mornings ____ Afternoons ____ Evenings

Weekends: ____ Mornings ____ Afternoons ____ Evenings

Other times: _____

Type of Work or Area of Interest (check all that apply):

____ Gardening ____ Front Desk ____ Tour Guide ____ Tea Room ____ Gift Shop ____ Special Events

____ General Housekeeping ____ Other (Explain): _____

Liability Release Form

I understand that I assume all responsibility for my own safety and insurance coverage while a volunteer at Miramont Castle Museum and that I must provide my own medical insurance.

I have read and agree to the conditions stated above regarding insurance coverage.

Print Name (First, Middle, Last): _____

Signature: _____ Date: _____

I certify that the information given in this Volunteer Application is true and correct, and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the organization from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer at the Miramont Castle Museum.

Signature: _____ Date: _____