



## Volunteer Application

### Contact Information

Name: \_\_\_\_\_

Address/P.O. Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Any
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

### *In which area(s) would you like to express interest?*

(check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Arts Committee Volunteer        | <input type="checkbox"/> Hospitality Committee Volunteer |
| <input type="checkbox"/> Collections Committee Volunteer | <input type="checkbox"/> Program Committee Volunteer     |
| <input type="checkbox"/> Display Committee Volunteer     | <input type="checkbox"/> Reception Volunteer             |
| <input type="checkbox"/> Gift Shop Volunteer             | <input type="checkbox"/> Research Committee Volunteer    |

*With my signature, I agree to adhere to all rules and guidelines set forth by the South Boston-Halifax County Museum of Fine Arts & History. I attest that the position(s) for which I am applying is voluntary, and I understand that any conduct which violates the aforementioned rules and guidelines may result in immediate termination of this agreement and any volunteer-related association.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date