

# DOCENT & VOLUNTEER APPLICATION FORM

\_\_\_\_\_

Last Name

First Name

Middle Initial

## Home Address

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

## Personal Information

Home Number : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

I am 18 years or older: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you been a docent or volunteer at the museum before? \_\_\_\_\_

If YES, when? \_\_\_\_\_

## References

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Why do you want to volunteer at the Edmonds Historical Museum?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Availability

*Please check the days you would be available for a docent assignment. Docents are required to work three-hour shifts (1-4 pm)*

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

\_\_\_\_\_

*I am interested in volunteering in the indicated areas:*

Office/Clerical \_\_\_\_\_

Educational/School projects \_\_\_\_\_

Summer Market \_\_\_\_\_

Research/Exhibits \_\_\_\_\_

Gift Shop \_\_\_\_\_

Special Events \_\_\_\_\_

Other \_\_\_\_\_

Please return completed form to the Edmonds Historical

Museum located at:

118 5th Ave N or mail to

P.O. Box 52, Edmonds WA 98020