VOLUNTEER APPLICATION

Volunteers may participate in a variety of programs consistent with their interests and skills. If you have additional comments, please use the back of this form.

NAME ___________________________________________ DATE _______________________

ADDRESS ________________________________________________________________

PHONE _______________ (Day) ___________ (Eve.) _______ E-Mail ________________

IN AN EMERGENCY NOTIFY ______________________________ PHONE __________________

Are you currently a member? __________________________

Please list below:

WORK EXPERIENCE __________________________________________________________

__________________________________________________________

VOLUNTEER EXPERIENCE ________________________________________________

__________________________________________________________

INTERESTS __________________________________________________________

SKILLS ________________________________________________________________

AVAILABILITY (Weekdays) ______________________________ (Weekends) _____________

(Evenings) __________________________________________________________________

Please check any of the following that may be of interest:

__________ Docent ____________ Educator

__________ Garden Gang ____________ Holiday Greeters

__________ Hospitality Committee ____________ Mail Team

Other: ______________________________________________________________________

____________________________________________________________________________

Please return this form to Nathaniel, Florence Griswold Museum,
96 Lyme Street, Old Lyme, CT 06371

THANK YOU!