

# Monterey County Youth Museum Volunteer Application



## Contact Information

Name	
Street Address	
City, State, ZIP Code	
Cell Phone #	
Work Phone #	
E-Mail Address	

## Availability

During which hours are you available to volunteer at MY Museum?

- Weekday mornings       Weekend mornings       After Hours  
 Weekday afternoons       Weekend afternoons

## Interests

Tell us in which areas you are interested in volunteering

- Museum Operations       Administration  
 Fundraising       Events  
 Special Projects       Volunteer coordination  
 Other (please specify)

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## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP Code	
Cell Phone #	
Work Phone #	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Please return this form, via US Mail or Fax, to:**

**MY Museum  
Attn: Volunteer Coordinator  
601 Wave Street, Suite 100  
Monterey, CA 93940  
Fax # (831) 649-1304**

Thank you for completing this application form and for your interest in volunteering with us! Should you have questions or would like to contact us, please call (831) 649-6444 or e-mail [info@mymuseum.org](mailto:info@mymuseum.org).

**[www.mymuseum.org](http://www.mymuseum.org)**