

Gaston County
MUSEUM
of Art & History



Volunteer Application

Name: _____
 First Middle Last

Mailing Address: _____
 Street City/State Zip

How long have you lived at this address? _____ Birth date: ____ / ____ / ____

Occupation: _____

Phone: Day _____ Best time to call _____
 Evening _____ Best time to call _____

Email: _____

Have you ever volunteered in a museum? _____ Yes _____ No
If yes, where? _____

When? _____ How long? _____

Why are you interested in volunteering with the museum? _____

Do you prefer to work with: _____ Youth _____ Adults _____ Either

What time commitment are you considering? _____ hrs./week or _____ hrs./month
What hours are you available?

	Tues	Wed	Thurs	Fri	Sat
From:					
To:					

My availability is:
____ ongoing
____ ongoing except between these dates _____
Only between these dates _____

Previous work or volunteer experience (list most current first):
Employer or Organization Position/Title Number of years

Skills, Training, Education, Hobbies:

Please check one or more areas you are interested in:

Docent Office tasks School programs
 adults ___ or youth ___ Curatorial assistance Gardens
 Gift shop Summer programs (youth-focused)

Personal References:

Have you ever been convicted of a felony? Yes No
Have you ever been convicted of a misdemeanor in the last 10 years? Yes No
If yes, please give date, nature, and disposition of offense:

*Please note a criminal record will not necessarily prevent an applicant from being a museum volunteer, but rather will be considered as it relates to specifics of the volunteer position for which you are applying.

References:

List two persons, not related to you, who have knowledge of your qualifications. Please provide complete addresses and phone numbers.

	Relationship	Home Phone #	Work Phone #
1. Name	_____	_____	_____
Address	_____	_____	_____
2. Name	_____	_____	_____
Address	_____	_____	_____

I authorize contacting the listed references. I understand the omission or misrepresentation of information requested is just cause for non-appointment as a Gaston County Museum volunteer. If appointed as a volunteer, I agree to abide by the policies of Gaston County Museum, attend training and to fulfill my volunteer responsibilities to the best of my ability.

Applicant signature _____ Date _____

Please return the application at your earliest convenience and contact us if you have any questions or wish to secure more information. Thank you.

Return to:

Gina Anderson
Administrative Assistant
Gaston County Museum
PO Box 429
Dallas, NC 28034-0429
Ph.# 704/922-7681, ext.100 • Fax # 704/922-7683
Email: gina.anderson@gastongov.com