

VOLUNTEER APPLICATION
Harrisonburg Children's Museum

Kristen Inouye, Volunteer Coordinator
442.8900 or volunteers@hcmuseum.org

Name: _____ Date: _____

Address:
(Street) _____ (City) _____ (State) ____ (Zip) _____

Phone #: (Home) _____ (Cell) _____

E-Mail Address: _____

Shifts that work for me are:

- | | |
|------------------------------|---------------------------|
| ___ Tuesday 9:30am-12:30pm | ___ Tuesday 1:15-4:15pm |
| ___ Wednesday 9:30am-12:30pm | ___ Wednesday 1:15-4:15pm |
| ___ Thursday 9:30am-12:30pm | ___ Thursday 1:15-4:15pm |
| ___ Friday 9:30am-12:30pm | ___ Friday 1:15-4:15pm |
| ___ Sat. 9:30am-12:30pm | ___ Sat. 1:15-4:15pm |
| ___ Sunday 1:15-4:15pm | |
| ___ varies week to week | |

References:

(Please provide at least one!)

1.) Name: _____ Relationship/Title _____

Phone #: _____

2.) Name: _____ Relationship/Title _____

Phone #: _____

Please list any previous experience with children: _____

Skills/Interests to share: _____

Why do you want to volunteer at the Children's Museum: _____
