

**Agua Caliente Cultural Museum
Volunteer Application Form
PLEASE PRINT**

Date:		
Name:	E-mail Address:	
Home Phone:	Cell Phone:	
Address:		
City:	State:	Zip:

Preferred method of contact (Check all that apply)

- E-mail
- Home Phone
- Cell Phone

Which general volunteer work categories are you most interested in? (Check all that apply)

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Education | |
| <input type="checkbox"/> Archives/Library | <input type="checkbox"/> Oral History Project | |
| <input type="checkbox"/> Museum Greeter | <input type="checkbox"/> Events | <input type="checkbox"/> Other |

What special talents and knowledge do you have that you would like to use in your volunteer experience?

What particular type of volunteer work would you like to do?

Please briefly describe any previous volunteer experience.
