



1400 Inspiration Place
Cedar Rapids, IA 52404
319.362.8500
www.NCSML.org

VOLUNTEER APPLICATION

Full Name: _____ Birthday: _____

Address: _____

Phone #: (Home) _____ (Cell) _____

Email: _____

How would you prefer to be contacted? Cell Phone Home Phone E-mail

Emergency Contact Info:

1) Name _____ Phone: _____ Relationship: _____

2) Name _____ Phone: _____ Relationship: _____

Please indicate how you would like to volunteer: (Please check all that apply)

_____ **Museum Store** (retail sales, customer service, stock and assist with store product)

_____ **Museum Gallery** (gallery attendant, PM gallery closer)

_____ **Immigrant Home Tours** (guided tours)

_____ **Library** (reference desk, filing, special projects)

_____ **Grand Hall Host** (greet/direct visitors)

_____ **Visitor Services** (special projects, visitor surveys, information desk)

_____ **Education** (school tour guide)

_____ **Programs/Events** (craft leader, event assistant)

_____ **Financial** (filing, data entry)

_____ **Development** (data entry, filing, member mailings/calls)

_____ **Administrative** (filing, phone answering)

_____ **Marketing/Communications** (design, social networking, outreach, advertising, projects as assigned)

List any other special hobbies/interests to share, such as in crafts or hobbies; musical or artistic talent; working with youth or adults; computers; organizational expertise or mastery in other skill-sets?

Do you have any volunteer experience? If so, please list the organization and job description:

What days and times are you available? *Regular Museum hours are 9:30 am – 4 pm Monday-- Saturday and 12 pm – 4 pm Sunday.*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:30 am – 1 pm							
1 pm – 4 pm							

Call me for special events Yes No

Do you enjoy working with youth in grades K – 8? Yes No

Do you have retail experience? Yes No

Do you have office skills/experience Yes No

Are you currently a museum member? Yes No

Are you currently a museum guild member? Yes No

Are you an RSVP member? Yes No

Are you volunteering to fulfill a service requirement? Yes No

If yes, number of hours required: _____. Please list the name and title, along with the phone number of the person to whom you report your service hours:

Personal References (Not related to you)

1. _____

Name Phone Number Relationship

2. _____

Name Phone Number Relationship

Have you ever been charged with a felony? Yes No

If yes, please explain:-
