



**APPLICATION**

**Print and complete form, then mail to:**

**Museum of Appalachia Volunteer Program  
PO Box 1189  
Norris, TN 37828**

**PERSONAL INFORMATION**

Name(Print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

Present Address \_\_\_\_\_  
\_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

**AVAILABILITY**

Long-term

Short-term

Special Project/Event

How many hours and which days will you be able volunteer? \_\_\_\_\_  
\_\_\_\_\_

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you?  Yes  No

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

\_\_\_\_\_  
\_\_\_\_\_

**SKILLS AND INTEREST**

Current/previous work or occupation: \_\_\_\_\_

\_\_\_\_\_  
Previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_  
Hobbies, interests, skills: \_\_\_\_\_

\_\_\_\_\_  
Who or what prompted you to volunteer? \_\_\_\_\_

**REFERENCES**

List two personal references, other than family members (full name, address, phone):

1. \_\_\_\_\_

2. \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*I understand that I am not an employee of the Museum of Appalachia, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the Museum of Appalachia for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18 years of age): \_\_\_\_\_

***The Museum of Appalachia is a not-for-profit 501 (c) (3) organization. We thank you for your support in continuing our mission to help preserve the Appalachian Heritage and Culture.***