



Volunteer Application

Today's Date: _____

Contact Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Home Number: _____

Cell Number: _____

Work Number: _____

E-mail: _____

Date of Birth: _____ (optional) Month & Day only

In case of emergency, please list two contact names:

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Please check your areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Audio Tour Guide (*NEW) | <input type="checkbox"/> Museum Docent |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Museum Shop/Visitor Center |
| <input type="checkbox"/> Education Committee | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Garden Guild | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Trails & Grounds Maintenance |

How often are you interested in volunteering at Sotterley Plantation?

- Weekly Monthly Special Events Other

Availability: (Please check the day(s) you are interested in helping and note times available.)

<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.

Please list your special skills, interests, and talents: _____

Previous Volunteer Experience: _____

Please list any health-related issues that we need to be aware of: _____