



FREMONT COUNTY MUSEUMS

VOLUNTEER APPLICATION



(Please Print)

Today's Date: _____

Museum you want to Volunteer for (check all that apply): Dubois Museum Pioneer Museum Riverton Museum

Title: Dr. Mr. Mrs. Ms. Miss

Last Name: _____ First Name: _____ M.I. _____

Preferred Nickname: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

E-mail: _____ I prefer to be contact by E-mail Phone.

My preferred phone contact is: Home Work Cell

Are you at least 18 years of age? yes No

Confidential Emergency Information

Special needs/restrictions/limitations (ie: allergies, physical limitations, injuries):

Person to notify In event of an emergency:

1. Name _____ Relationship _____

Address _____ Phone (h) _____ (cell) _____

2. Name _____ Relationship _____

Address _____ Phone (h) _____ (cell) _____

Name: _____

Fremont County Museums Background

Are you a member of any of the museums support groups? DMA Pioneer Assoc. RMA

Have you ever filled out a volunteer application here before? YES NO

If yes, date: _____

Have you ever been Employed by or Volunteered at FCPM? YES NO

If yes, date: _____

If yes, under what name: _____ Position/Capacity: _____

Do other members of your family volunteer or work at FC Pioneer Museum? YES NO

If yes, please list their names. (Please provide ages for youth under 18) _____

Submission of a Security/Background Check is required for all Volunteer Applicants

Interest Profile

Please list/describe any hobbies, skills, talents or training that you would like us to know about.

Please share why you want to volunteer at Fremont County Pioneer Museum.

When are you generally available to volunteer? (Please check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening

Are you available on a regular basis? Yes No

If yes, I want to commit _____ hours per week month

Name: _____

Please note below any volunteer area(s) you are interested in.

Volunteer Coordinator

Digitization/Archival Team

Collections Team

Gallery Docent

Event Team

Museum Store Attendant

Research Team

Maintenance Team

Administration Team

Other

Education

Briefly describe your education and academic career/certifications/achievements:

Employment History

List your two most recent employers and length of employment:

Business: _____ May we contact them: Yes No

If yes please provide, Name: _____ Phone Number: _____

Business: _____ May we contact them: Yes No

If yes please provide, Name: _____ Phone Number: _____

Volunteer History

List your two most recent volunteer experiences

Organization: _____ May we contact them: Yes No

If yes please provide, Name: _____ Phone Number: _____

Organization: _____ May we contact them: Yes No

If yes please provide, Name: _____ Phone Number: _____

References

List three (3) people (not relatives) having knowledge of your character, expertise and ability.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

How did you hear about the FC Pioneer Museum Volunteer Program? _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of volunteer service and the answers given by me are true and correct to the best of my knowledge.

Applicants Signature: _____