



The
Museum of Appalachia
Volunteer Program

Application

Personal Information

Name (please print) _____

Home Ph. _____ Emergency Ph. _____

Address _____

City _____ State _____ Zip _____

Email _____ Date of birth _____

Availability: Long-term Short-term Special Project or Event

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

Are there any physical conditions to be taken into consideration in arranging volunteer assignments for you. Yes No If you answered yes please explain below.

Education

Skills and Interests

Current/previous work or occupation

Hobbies, interests or other skills

Who or what prompted you to volunteer

References

Please list two personal references, other than family members (full name, address & phone)

1) _____

2) _____

Emergency Information

In case of emergency contact

Name _____ Relationship _____

Work Ph. _____ Home Ph. _____

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 in 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.

Print and complete form, then mail or you may also fill this form out electronically and Email to: museum@museumofappalachia.org

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