

# Volunteer Application

*Please Print*

Date \_\_\_\_\_

Date Received by Volunteer Manager \_\_\_\_\_

## I. PERSONAL INFORMATION (This information, except \*, will be added to our mailing list.)

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Cell Telephone # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

\*Month and Date of birth (MM/DD) \_\_\_\_\_

## II. References - Please provide daytime contact information for two people (other than family members) who would be happy to provide a reference on your behalf.

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

## III. I agree to hold the Coos Art Museum, its agents, officers, employees and volunteers harmless from any liability, loss, expense or claim for injury or damages arising from my participation in this program.

Your signature: \_\_\_\_\_ Date \_\_\_\_\_

## IV. Tell us about your interest in Coos Art Museum.

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## IV. Skills/Education/Experience/Abilities

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see other side

## VI. Availability (note that the Museum is closed to the public most Mondays and Sundays)

Indicate with an ✕ when you prefer to volunteer. Shifts vary.

Tuesday

Wednesday

Thursday

Friday

Saturday

Am \_\_\_\_\_

PM

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**VII. Area(s) of interest (note that all areas do not have current need)**

- Rental Sales
- Education
- Desk
- Packing and Unpacking exhibitions
- Collections
- Events
- Working with Volunteers
- Mailing/Office support

**What happens next?**

Please return this form to the Coos Art Museum, 235 Anderson, Coos Bay, OR 97420  
Fax (542) 267- 4877.

We will contact you within 3 weeks. If no current match exists for your interests, your application will remain active for 3 months. All Coos Art Museum staff and volunteers are subject to a security background check. Thank you for your interest in volunteering with us.

I authorize Coos Art Museum to Check my references.

I certify that the facts and information set forth are true and complete to the best of my knowledge. I have read and reviewed the above statements and other information I provided on this application.        \_\_\_\_\_Yes        \_\_\_\_\_No

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Signature

Date Signed

*NOTES • for use by Volunteer Manager.*

Date of Interview & Background Check Paperwork Session: \_\_\_\_\_

Date Background Check Cleared: \_\_\_\_\_ Date Trained/Start Date: \_\_\_\_\_

To be completed if posted to a volunteer position: In case of an emergency during your volunteer shift, whom should we contact?

Emergency Contact /Relationship \_\_\_\_\_

Telephone # \_\_\_\_\_