



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.