



Volunteer Application

322 South Second Street, Rogers AR 72756 • (479) 621-1154

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Circle preferred work day(s): Mon Tues Wed Thurs Fri Sat

Circle preferred time blocks: **Morning** 10:00 am to 1:00 pm **Afternoon** 1:00 pm to 4:00 pm

Emergency Contact Person _____

Relationship _____ Emergency Phone # _____

Check areas of experience and interests:

_____ General Office Skills

_____ Computer Skills

_____ Research Experience

_____ Customer service/public engagement

_____ Transcription Experience

_____ Digital Scanning Skills

_____ Are you bilingual? Please specify language(s) _____

Do you enjoy working with the public? Yes No

What do you consider the best job you've had so far in your life?

What type of work or project have you earned the most experience?

Why do you want to volunteer at the Rogers Historical Museum?

Parental permission is required for students under 18 years of age. Teacher letter of recommendation for student work habits and reliability is appreciated.

School _____ Grade _____

Teacher _____

Recommendation/Comments _____

As the legal guardian/parent, and with my signature, I hereby grant permission for

_____ to work as a volunteer at the **Rogers**

Historical Museum.

Parent Signature _____

Date _____