



Adult Volunteer Application (Ages 18+)

I am (check one): ___ Adult Volunteer (ages 18 and above)
___ Family Volunteer: Please attach Youth Volunteer's application(s) (ages 11-14 with parent) and submit together.

Name: ___ Title (Circle One): Mr. Mrs. Miss Ms. Other: ___
Last First MI

Address: ___ City: ___ State: ___ Zip: ___

Telephone: (H) ___ (W) ___ (Cell) ___ Best time to reach you? ___

Email: ___ Birthday (M/D/Y): ___ Age: ___

Emergency contact person: ___ Relationship to you: ___

Phone: (H) ___ (W) ___ (Cell) ___ Email: ___

YOUR BACKGROUND

Current Occupation OR Grade in School (if applicable): ___ Employer/School: ___

Supervisor/Advisor: ___ Duties: ___

My employer offers: ___ A Time-Off Program for Volunteers ___ A Donation Matching Program

Highest Academic Certificate/Degree Earned: ___ Date: ___ Major(s): ___

Institution: ___ Other degrees/certifications: ___

RECORD OF CONVICTION

Have you ever been convicted of a felony or misdemeanor (except driving violations)? Yes No Locality: ___ Date: ___

If yes; please explain: ___

TELL US MORE

What do you want to get out of your volunteer experience? ___

Are you **required** to serve a minimum number of volunteer hours for school or otherwise? Yes Number of Hours: ___ No

Do you speak a foreign language, or know Sign Language? Yes No

If so; please specify language(s) and level of fluency: ___

What is your experience dealing and working with the public? ___

All positions within the museum require you to work cooperatively with small to large groups of people. Are you comfortable working with groups of various sizes and demographics? Please explain. ___

How did you learn about our volunteer program? ___

Previous volunteer experience: ___

Skills and Interests: ___

Do you have any health limitations that could affect your volunteer assignment? Yes No

If yes; please explain: ___

Are you a member of the Edgar Allan Poe Museum? Yes No

Have you ever worked or volunteered at the Edgar Allan Poe Museum before? Yes No

If yes, when and in what capacity? ___



indicate your preference by numbering the opportunities in your order of preference (1, 2, 3):

___ Docent – Learning historical and exhibit material for interpretation to the public; sharing responsibility of giving tours per the public daily schedule, and to private educational groups as scheduled; also learns Gift Shop Services

___ Gift Shop Services – Learning customer service and basic retail functions, especially as applied within a public history space

___ Enchanted Garden – Helping to maintain the beauty of the Enchanted Garden through planting, weeding, watering, and other general tasks

**Please let us know if you have other areas of interest within the Museum.

****Please mark your availability to volunteer at the Edgar Allan Poe Museum on the chart below:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 - 11:00 am							
11:00 - 1:00 pm							
1:00 - 3:00 pm							
3:00 - 5:00 pm							

REFERENCES (For applicants 18 and older only)

Please provide us with names of two people whom you have, or recently had, a **professional or business relationship**. These would be people who have knowledge of your work performance (not neighbors, friends **OR** family).

Name: _____ Title: _____ Telephone: _____

Email Address: _____

Name: _____ Title: _____ Telephone: _____

Email Address: _____

APPLICANT CERTIFICATION

I certify that the above information is complete and true to the best of my knowledge and authorize the Edgar Allan Poe Museum to contact employers and references listed above concerning my work experience. I understand that the discovery of any misrepresentation or omission of the facts in this application may be cause for my immediate dismissal.

Signed: _____ Date: _____

Printed Name: _____