

Volunteer Application

	Application Date	
Name		
Home Address		
Phone	Email	_
Current Employer, if applicable		
Position/Title		
What languages do you speak fluently?		
Groups, clubs, organizational member	rships	_
Describe your prior volunteer experies	nce (if any)	
What experiences have you had that m	nay prepare you to work as a volunteer in your areas of	
Why do you want to volunteer? What	do you want to gain from this volunteer experience?	
	tasks for the museum? This could include but is not limite e, sitting down at desks, learning history, etc.?	ed to physical

Availability to Volunteer

DAY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours							
available							
(ex. 11a.m							
2 p.m.)							

Signature _____ Date ____

E-mail to eschesventer@woodrowwilson.org

Mail to: Eric Schesventer Woodrow Wilson Presidential Library 20 N. Coalter St. Staunton, VA 24401