

2023 Shelburne Museum Volunteer Application

Full Name: _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this a seasonal Address? ____ If yes, what months are you available? _____

Are you 18 years or older? ____ Yes ____ No

Skills and Hobbies

Skills: (data entry, bookkeeping, foreign languages, carpentry, sewing, quilting, gardening, CPR, etc.)

Other interests, hobbies, activities:

Education & Experience

Volunteer experience(s): _____

Employment background: _____

Educational background (Please indicate highest level completed.): _____

Professional or Personal Reference

Name: _____ Telephone/email: _____

Attn: Bonnie Douglas, Shelburne Museum, P.O. Box 10, Shelburne, VT 05482

Ph: (802) 985-3346 x 3142 | bdouglas@shelburnemuseum.org

Volunteer interests: Check all areas of interest that apply:

- Administrative/Office work (bulk mailing, data entry, etc.)
- Buildings (carpentry, painting, etc.)
- Collections Management/Registrar's Office (research, data entry, etc.)
- Conservation (occasional data entry, clerical work)
- Gardening and/or Landscaping (planting, weeding, etc.)
- Greeter (2-hour shifts welcoming the public, outside the Store)
- Special Events (may include some evenings and weekends)
- Craft Demonstrating (quilting, rug hooking, embroidery, etc.)
- Other: please describe _____

Availability

Do you expect to volunteer:

- Less than 25 hours per season
- 25 or more hours per season

Do you prefer to volunteer:

- A regular schedule each week (i.e., every Thursday afternoon)
- Occasional dates throughout a season (special events, etc.)
- On a short-term project

Please check when you are available: Summer (May 13- October 22) All Year

Please list any days of the week / times of day you are always unavailable:

Additional Questions

Why would you like to volunteer and Shelburne Museum?

Do you have any special needs and/or requirements?

Will you need Museum acknowledgment of your hours for United Way, a school, or other organization?

Additional comments or questions:

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the reference listed above to give you any and all pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I understand that this application shall be considered active for no more than six months. After that time, I may resubmit a completed application.

I understand that final approval to volunteer at Shelburne Museum is contingent upon successful completion of a background check.

Signature _____ Date _____

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