



2024 SHELBURNE MUSEUM VOLUNTEER APPLICATION

Full Name: _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this a seasonal address? _____

Phone: _____ Email: _____

What months are you available? _____

Are you 18 years or older? _____ Yes _____ No

Skills and Hobbies

Skills: (data entry, mailings, languages, carpentry, textiles, crafts, gardening, CPR, etc.)

Other interests, hobbies, activities:

Education and Experience

Volunteer Experience:

Employment Background:

Educational Background (Please indicate highest level completed.):

Personal or Work Reference: _____

Telephone: _____ Email: _____



Volunteer interests: Check all areas of interest that apply:

Buildings (carpentry, painting, etc.)

Gardening and/or Landscaping

Visitor Greeters (2-hour shifts, at Store and around Museum)

Special Events (First Free Fridays, and other potential events)

Craft Demonstration (rug hooking, quilting or other craft)

Other (please describe): _____

Availability

Do you expect to volunteer:

Less than 24 hours per season.

24 or more hours per season.

Do you prefer to volunteer:

A regular schedule (i.e., every other Thursday afternoon)

Occasional dates throughout a season (special events, etc.)

On a short-term project

Please check when you expect to be available:

May through October

All Year

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

Additional Questions

Why would you like to volunteer at Shelburne Museum?

Do you have any special needs and/or requirements?

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



I certify that 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 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.

Signature:_____ Date:_____

Shelburne Museum P.O. Box 10 Shelburne, VT 05482

Ph: (802) 985-3346 x 3142 fax (802) 985-0831 volunteer@shelburnemuseum.org