

Volunteer Application

Contact Information

Name	
Street Address	
City, St , Zip	
Home Number	
Cell Number	
Work Number	
E-Mail Address	
Date of Birth: ____ / ____ (Month & Day only) <i>Optional</i>	

In case of emergency, please list two contact names

Name	Name
Phone No.	Phone No.
Relationship	Relationship

Please check your areas of interest:

- | | |
|---|---|
| <input type="checkbox"/> Collections | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Education Dept | <input type="checkbox"/> Museum Shop/Admissions |
| <input type="checkbox"/> Garden Guild | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Special Events |
| | <input type="checkbox"/> Trails & Grounds Maintenance |

How often are you interested in volunteering at Sotterley Plantation?

- Weekly
 Monthly
 Special Events
 Other

Availability (Please check the day(s) you are interested in helping and note times available.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please list your special skills, interests, and talents: _____

Previous volunteer experience: _____

Please list any health-related issues that might affect your volunteer service at Sotterley (e.g., allergies, etc.): _____

Signature

Date