



Volunteer Form

Thank you for your interest in volunteering at the National Sporting Library & Museum. Please complete this form. Opportunities will vary and depend on a combination of the volunteer's interests and talents and the needs of the NSLM.

(Please type or print.)

Name:

(Please Circle One) Ms. Mrs. Mr.

(Last)

(First)

Address:

(street)

(city)

(zip)

Email: _____

Telephone: _____ (cell, home, or work)

Person to contact in case of an emergency:

(Name)

(Phone)

Education

School

Degree

Major

School

Degree

Major

School

Degree

Major

Are you involved in any equestrian or field sports? Please describe: _____

Special interests: _____

Skills: languages typing data entry research teaching tour guide filing other

Have you visited the NSLM before? yes no If yes, what was the purpose?

How did you learn about the volunteer program at the NSLM?

What aspect of the NSLM interests you the most? _____

Would you like to volunteer in the:

Library Museum Both

Is there a specific way in which you would like to be involved? _____

Have you ever volunteered before? If yes, where? _____

Are you currently employed? yes (full time) yes (part-time) no

What days would it be possible for you to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours?

Mornings Afternoons Varies

Please sign and return this form. One of our staff members will be in touch with you shortly.

(Signature)

(Today's date)