



River of Time Museum  
New Volunteer Information

**CONTACT INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Badge Name \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Relationship to contact \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**VOLUNTEER POSITION INFORMATION**

**Check off your areas of interest**

Store     Office     Grant Writing     Fundraising Events     Children

Docent     Exhibits     Diplomat     Educational programming     Social Media

Other: \_\_\_\_\_

**Mark your availability for volunteering**

Tuesday     Wednesday     Thursday     Friday     Saturday

Morning shift (9:45am – 1:00pm)     Afternoon shift (1:00pm – 4:15pm)

year-round     seasonal (months available : \_\_\_\_\_)

**QUALIFICATIONS**

Language(s) spoken other than English \_\_\_\_\_

Skills/hobbies/interests \_\_\_\_\_

\_\_\_\_\_

**PHOTO RELEASE**

I hereby give permission to The River of Time Museum to use my photos and likenesses in all forms and media for advertising, portfolio, demo, trade, editorial, altering without restriction or compensation. I release the photographer all forms of claims and liability related to my photo usage.

Signature \_\_\_\_\_

**Thank you** for your interest in volunteering with The River of Time Museum!