

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL: _____ ARE YOU A CAHOON MEMBER: (CIRCLE): Y | N

Volunteers are encouraged to become active members. Let us know if you'd like to join.

AVAILABILITY

(Circle all that apply)

Weekdays	Weekends	Mornings	Afternoons	Evenings
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Notes: _____

AREAS OF INTEREST

(Circle all that apply from top row)

Events/Programs	Education	Visitor Services	Building & Grounds	Collections	Administrative
Openings Fundraisers Lectures	Family programs School groups Docent	Interpreter Customer service	Groundskeeping Gardening Cleaning	Data entry Research Photography	Filing Data entry Mailings

EMERGENCY CONTACT

Name: _____ Relation: _____

Address: _____

Primary Phone: _____ Other Phone: _____

PERSONAL INFORMATION

Allergies to any food or medicine: YES | NO Please list:

Please note any health concerns/requirements:

Questions, contact: 508-428-7581, info@cahoonmuseum.org.
Mail form to: PO Box 1853 | Cotuit, MA 02635 or stop by
and turn in at front desk. A Cahoon staff member will
be in touch shortly.

Thank you!

OFFICE USE		<i>(initial)</i>	
Referred by:		Altru:	
Interviewed by:		PriV Type:	
Referred to:		Start date:	