



High Point Museum Volunteer Application

Name _____ Birthday _____
 Address _____ City _____ State _____ Zip _____
 E-Mail Address (Email is our primary form of contact. Please print carefully) _____
 Phone Number _____
 Emergency Contact _____ Phone _____ Relationship _____

I am seeking this volunteer position: (check one)

____ to satisfy school/class/scholarship/Community Service requirements. Hours required _____ Deadline _____
 ____ to become a regular Museum volunteer

Have you volunteered for the Museum before? ____ Yes ____ No

Have you ever been convicted of a felony or misdemeanor requiring imprisonment or fine in excess of \$50?

If yes: name the county _____ and state _____

If no: check here

Availability

Select **three (3)** choices:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
	<input type="checkbox"/> 10 am – 12 pm	<input type="checkbox"/> 10 am – 12 pm	<input type="checkbox"/> 10 am – 12 pm	<input type="checkbox"/> 10 am – 12 pm	<input type="checkbox"/> 10 am – 12 pm	
	<input type="checkbox"/> 12 pm – 2 pm	<input type="checkbox"/> 12 pm – 2 pm	<input type="checkbox"/> 12 pm – 2 pm	<input type="checkbox"/> 12 pm – 2 pm	<input type="checkbox"/> 12 pm – 2 pm	
	<input type="checkbox"/> 2 pm – 4 pm	<input type="checkbox"/> 2 pm – 4 pm	<input type="checkbox"/> 2 pm – 4 pm	<input type="checkbox"/> 2 pm – 4 pm	<input type="checkbox"/> 2 pm – 4 pm	
	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	<input type="checkbox"/> On Call	

I agree to abide by the policies and procedures of the High Point Museum.

Signature _____ Date _____

Physically return completed application to the museum or mail it to:

c/o Volunteer Coordinator
 High Point Museum
 1859 E. Lexington Ave.
 High Point, NC 27262

Questions? E-mail or call us:
 hpmuseum@highpointnc.gov
 336.883.1859