

San Bernardino County Museum
2024 Orange Tree Lane
Redlands, California 92374
(909) 307-2669

Volunteer Application

Last Name

First Name

Middle Initial

Today's Date

Home Address (Number & Street, City, Zip Code)

Date of Birth

Home Telephone #

Work Telephone #

Message Telephone #

Email Address (please print clearly)

General Information:

Why are you interested in volunteering with us? What are your goals, or what you do hope to gain by volunteering?

Do you have an interest or activity in mind that you would like to pursue in your volunteer experience?

Experience:

Do you have prior museum (or similar) experience? Check all that apply.

Yes, as a volunteer

Yes, as a student

Yes, as a regular museum visitor

Yes, as an employee in a similar setting

No, but I'm willing to learn

What other experiences or skills do you have that you feel will lend themselves to volunteering with us?

What are your interests and hobbies?

What is your availability? (check all that apply)

Short-term (for example, a 30-hour community service project)

Long-term, once or twice a week

Long-term, once or twice a month

Occasional, for special events and projects

and

Weekday(s) only

Weekend(s) only

Any time

Other (please describe): _____

Work environment

How do you feel about interacting with people individually, in small groups, and in large groups?

Many of the museum's volunteers work with the visiting public, school groups and families, revealing the stories behind our exhibits and collections. Does this kind of interaction with the public interest you? Why or why not?

If accepted as a volunteer at the SBCM, I understand I will attend a Museum Orientation, act responsibly in my role as a volunteer, and keep my supervisor informed of any changes I may need to make in my schedule or work assignment. I further understand that the Museum staff will provide me with training, guidance, a name badge and any other items or information I need to know in order for me to volunteer in a professional manner.

Applicant Signature: _____ Date: _____

Parent Signature for Minor: _____ Date: _____

Office Use Only

Applicant contacted on:

Referred to:

Date:

Staff name:

Notes: