



PARK CITY MUSEUM VOLUNTEER INFORMATION SHEET

Name: _____

Address: _____ City/Zip: _____

Telephone: (H) _____ (Cell) _____

Email: _____

Employment:

Are you currently: Employed; Full/Part Time Retired Student Other: _____

Employer/School (former employer if retired) _____

Do you need to complete community service hours? Yes No

Number of hours required: _____

Other Volunteer Experience: _____

Skills and interests that may be useful to the volunteer program here:

Why would you like to volunteer with the Museum?

Languages: _____

How did you hear about our volunteer program?

Availability: Please indicate times you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Please check any of the following that interest you:

- Museum Tour Docent
- Walking Tour Docent (summer)
- Collections Assistant
- Gallery Guide
- Special events
- General Office Help
- Exhibit installations
- School & Youth Tours Docent
- Way We Were researcher/writer

Emergency Contact:

(If you are under 18 years of age, this should be your parent or legal guardian)

Name: _____

Telephone: _____ Relationship: _____

Signature: _____ **Date:** _____

(If you are under 18 years of age, you must have a legal guardian sign below)

Guardian Name: _____ Signature: _____

Thank you for your interest in the Park City Museum! An informational interview will be scheduled after receiving completed application materials.

For any questions, please contact:

Diane Knispel 435-649-7457 x102, education@parkcityhistory.org

You may drop off or send this application to:

Park City Museum
PO Box 555
528 Main Street
Park City, UT 84060

OFFICE USE ONLY:

Date received: _____ Entered: _____ Interviewed: _____