

## **VOLUNTEER APPLICATION FORM**

Thank you for your interest in volunteering at the Whatcom Museum. The Museum offers a variety of volunteer and internship opportunities throughout the year. To learn more about contributing your time, skills, interests, and experiences as a Museum volunteer or intern, please complete the form below.

<u>Contact Information</u>			
Name: Date:			
Phone: Email:			
Are you willing to submit to a criminal background check?  YES  NO			
How did you learn about volunteering at the Whatcom Museum?			
Are you a student seeking an internship for school class  YES NO Please note: To receive course cree volunteer for a period of	dit, applicants agree to		
If yes, which quarter will you register for credit?			
If yes, which area of study (check one)  Anthropology  Marketing	Art Education Other:		
<u>Availability</u>	Other.		
When can you begin? End date, if re	levant:		
Times (check all that apply) ☐ Morning (8-noon) ☐ Afternoon (noon-5) ☐ Evening			
☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thur	rsday		
What area, activity, or specific event are you interested in	n volunteering?		
Where and why?			
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What skills and/or interests will you contribute to the Whatcom Museum?  ———————————————————————————————————			
Please submit this applicatio	n using one of the following options	s:	
Whatcom Museum Attn: Volunteers 121 Prospect St, Rellingham, WA 98225	museuminfo@cob.org	Drop it at the Museum front desk	

Museum staff will contact you to confirm receipt, and to discuss the next step.

Thank you again for your interest!