

# AFRICAN AMERICAN CIVIL WAR MUSEUM

1925 Vermont Ave, NW

Washington, DC

## Volunteer Application

Application Date \_\_\_\_\_

Name \_\_\_\_\_

Male      Date of Birth: \_\_\_\_\_ I am at least 18 or older  yes  no

Female      Email: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**General Interest (please use additional paper for longer reply)**

**Why are you seeking a volunteer position with the museum and what do you expect to gain as a docent?**

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**What talents/experiences will you bring to the volunteer program?**

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Have you ever been a docent?  yes  no    if so, where? \_\_\_\_\_

**List previous employment**

Organization	Position	Dates

**Education**

School	Degree/Major	Dates

**Languages:**

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Have you ever worked with any of the following groups?

Children (list age groups) \_\_\_\_\_

Senior Citizens

Physically Challenged

Learning Disabled

**Availability**

Will you be available for a one year commitment  yes  no

<input type="checkbox"/> Once a Week	<input type="checkbox"/> Twice a Week		<input type="checkbox"/> Special Events			
	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>
<b>AM</b>						
<b>PM</b>						

**References**

	<b>Name</b>	<b>Position</b>	<b>Telephone</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**I understand that my involvement and placement as a museum docent is dependent on museum needs.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For office use only: Rcvd \_\_\_\_\_ Int \_\_\_\_\_ Plcd \_\_\_\_\_ PDE \_\_\_\_\_