VOLUNTEER APPLICATION

Volunteers may participate in a variety of programs consistent with their interests and skills. If you have additional comments, please use the back of this form.

NAME		DATE	
ADDRESS			
PHONE	(Day)	(Eve.)	E-Mail
IN AN EMERGENCY NOTIFY	[_ PHONE
Are you currently a member?			
Please list below:			
WORK EXPERIENCE			
VOLUNTEER EXPERIENCE _			
INTERESTS			
SKILLS			
AVAILABILITY (Weekdays)			(Weekends <u>)</u>
(Evenings)			-
Please check any of the followi	ing that may be o	of interest:	
Docent			Educator
Garden Ga	ang		Holiday Greeters
Hospitalit	y Committee		Mail Team
Other:			

Please return this form to Nathaniel, Florence Griswold Museum, 96 Lyme Street, Old Lyme, CT 06371

THANK YOU!