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.

NAMED			ATE	
ADDRESS				
PHONE	(Day)	(Eve.)	E-Mail	
IN AN EMERGENCY NOTIFY	Y		_ PHONE	
Are you currently a member? (all volunteers are required to be active to	members)			
Please list below:				
WORK EXPERIENCE				
VOLUNTEER EXPERIENCE _				
INTERESTS				
SKILLS				
AVAILABILITY (Weekdays)			(Weekends)	
Please check any of the follow	ing that may be o	of interest:		
Docent			Educator	
Garden G	ang			
Other:				

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