

**CAMPBELL COUNTY ROCKPILE MUSEUM
APPLICATION FOR VOLUNTEERING**

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

TASKS THAT INTEREST YOU:

<input type="checkbox"/> Host	<input type="checkbox"/> Dusting	<input type="checkbox"/> Working with Archives
<input type="checkbox"/> Gardening	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Working with Objects
<input type="checkbox"/> Computer Entry	<input type="checkbox"/> Construction	<input type="checkbox"/> Exhibit Planning/Assembly
<input type="checkbox"/> Object Restoration	<input type="checkbox"/> Docent	
<input type="checkbox"/> Other _____		

DAYS/TIMES AVAILABLE:

Sunday _____ (summer only)

Monday _____ Summer volunteer only? _____

Tuesday _____ Winter volunteer only? _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Would you be available for the occasional Special Event (evening or weekend)? _____

CONTACT IN CASE OF EMERGENCY:

Name _____ Phone _____

Address _____