



Volunteer Application Form

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

BIRTHDAY _____

In case of emergency notify: _____

Relationship _____ Phone _____

Physician _____ Phone _____

Do you have any allergies or medical concerns we need to be aware of? If so, explain.

Education (degrees/majors/relevant coursework)

Work experience

Previous/Current volunteer experience

**THE WILLIAMSON
MUSEUM**

716 South Austin Avenue

Georgetown, TX 78626

tel: 512.943.1670

williamsonmuseum.org

Special interests, activities, etc.

In a brief statement discuss the kind of work you hope to do with the museum

PLEASE CHECK ALL AREAS OF INTEREST TO YOU:

- MUSEUM GREETER/TOUR GUIDE (TUE – SAT)
- SPECIAL EVENTS -PIONEER DAY, ARCHEOLOGY DAY, UP THE CHISHOLM TRAIL (SAT)
- COURTHOUSE TOUR GUIDE (FRI AND SAT)
- EDUCATION/OUTREACH/TRUNK TOURS (TUES – FRI)
- COLLECTIONS (TUES PM)

WHEN WOULD YOU PREFER TO WORK?

T W Th F S MORNINGS AFTERNOONS

WM does not discriminate against any volunteer applicant because of race, color, sex, sexual orientation, nationality, age, religion or disability.

Signature _____ Date _____

Please sign and return this form to the Education Coordinator or Visitor Services Coordinator.

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