



The Museum and Railroad Historical Center



106 Main Street • Greenwood SC 29646 • 864-229-7093
www.emeraldtriangle.us

Volunteer Application

E-mail: nickie@greenwoodmuseum.org

Personal Information:

Name: _____

Address: _____

City/State/Zip: _____

Birthday (month/day): _____

Age Range (Circle): Youth (14-18) Adult (18+)

Phone (Home/Cell): _____

E-mail: _____

Emergency Contact: _____

Emergency Phone Number: _____

Skills and Interests:

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

Areas of Interest:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Telephone/Reception | <input type="checkbox"/> Collections | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Gardening | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Research | <input type="checkbox"/> Summer Camps |
| <input type="checkbox"/> Exhibit Openings | <input type="checkbox"/> Decorating | |
| <input type="checkbox"/> Other _____ | | |

Availability: (What times are you interested in volunteering?)

Mornings Afternoons Evenings

Weekdays Weekends Others: _____

I am unable to volunteer during: _____

References:

How did you hear about us? Advertisement Referred by Member/Volunteer
 Other: _____

Last Name and Phone Number of Personal Reference: _____

Do you know anyone else who might be interested in volunteering?

Name: _____ Phone: _____

Applicant's Signature: _____ **Date:** _____