



VOLUNTEER INFORMATION FORM

Name _____ Email _____

Address _____ City _____ Zip Code _____

Home Phone _____ Other Phone _____

Occupation _____ School/Employer _____

How would you like us to contact you regarding upcoming events? Email or Phone

Please check your availability for volunteering.

_____ Weekdays – Morning _____ Saturday – Morning _____ Sunday - Morning
_____ Weekdays – Afternoon _____ Saturday – Afternoon _____ Sunday - Afternoon

What volunteer opportunities are you interested in? Please circle all areas of interest.

Festivals/Community Events Office Assistance Systems Management Fundraising
Apprenticeship Program (High School Students Only) Internship Program Retail
Workshops/Programs

Do you have any special talents or skills? _____

Any additional information you would like to share with us: _____

Do you have any physical conditions we should be aware of? Yes No

If yes, please describe. _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone _____ Alternate Phone No. _____

Return completed form to: KID Museum 6400 Democracy Boulevard, Bethesda, MD 20817 or Diana Monkouski at diana@kid-museum.org