

VOLUNTEER APPLICATION

WELCOME! THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE MUSEUM. AFTER COMPLETION AND RETURN OF THIS APPLICATION, WE WILL BE IN TOUCH. ITEMS WITH A * ARE REQUIRED.

MISSION STATEMENT ROTCH-JONES-DUFF HOUSE & GARDEN MUSEUM

The Mission of the Rotch-Jones-Duff House & Garden Museum is threefold:

- ❖ To Preserve one of the nation's finest Greek Revival mansions and its historic grounds and gardens to the highest standard;
- ❖ To interest and educate the public through exhibits and interpretive historical and horticultural programs that document the history of New Bedford and important chapters in American history through the lives of the three families who lived in the house;
- ❖ And to acquire and care for appropriate artifacts, furnishings and period collections.

CONTACT INFORMATION*

NAME: _____ **HOME TELEPHONE #:** _____

STREET OR MAILING ADDRESS: _____ **EMAIL ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **CELL/MOBILE TELEPHONE #:** _____

EXPERIENCE

EMPLOYER: _____ **OCCUPATION:** _____

PREVIOUS WORK EXPERIENCE: _____

VOLUNTEER EXPERIENCE: _____

SKILLS: _____

INTERESTS: _____

EMERGENCY CONTACT

NAME: _____ **RELATIONSHIP:** _____

HOME TELEPHONE NUMBER: _____ **CELL NUMBER:** _____

VOLUNTEER APPLICATION
-CONTINUED-

VOLUNTEER POSITION PREFERENCES

- VISITOR SERVICES ASSISTANT
- FACILITIES ASSISTANT
- OFFICE ASSISTANT
- SPECIAL EVENT ASSISTANT

AVAILABILITY*

PLEASE CIRCLE THE DAY(S) YOU MAY BE AVAILABLE TO VOLUNTEER:

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

PLEASE CHECK THE BOX BY THE TIMES OF DAY YOU ARE AVAILABLE TO VOLUNTEER:

- MORNING (BETWEEN 9AM AND 1PM)
- AFTERNOON (BETWEEN NOON AND 4PM)
- EVENING (4PM OR LATER)

REFERENCES*

1.) **NAME:** _____ **RELATIONSHIP:** _____ **LENGTH OF RELATIONSHIP:** _____

TELEPHONE NUMBER: _____ **BEST TIME TO CALL:** _____

EMAIL ADDRESS: _____

2.) **NAME:** _____ **RELATIONSHIP:** _____ **LENGTH OF RELATIONSHIP:** _____

TELEPHONE NUMBER: _____ **BEST TIME TO CALL:** _____

EMAIL ADDRESS: _____

CHARACTER REFERENCES

1.)NAME: _____ RELATIONSHIP: _____ LENGTH OF RELATIONSHIP: _____

TELEPHONE NUMBER: _____ BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

HOW ARE YOU ASSOCIATED WITH _____?

PLEASE INDICATE THE LENGTH OF TIME YOU HAVE BEEN ASSOCIATED WITH _____.

ON A SCALE OF 1 TO 5, WITH 5 BEING EXCELLENT, PLEASE RATE THE FOLLOWING CHARACTERISTICS.

•	INTERPERSONAL SKILLS	5	4	3	2	1
•	PRODUCTIVITY	5	4	3	2	1
•	PERSONALITY	5	4	3	2	1
•	TEAMWORK	5	4	3	2	1
•	TRUSTWORTHINESS	5	4	3	2	1

WOULD YOU LIKE TO SHARE ANY ADDITIONAL RECOMMENDATIONS? "THANK YOU FOR YOUR TIME TODAY!"

2.)NAME: _____ RELATIONSHIP: _____ LENGTH OF RELATIONSHIP: _____

TELEPHONE NUMBER: _____ BEST TIME TO CALL: _____

EMAIL ADDRESS: _____

HOW ARE YOU ASSOCIATED WITH _____?

PLEASE INDICATE THE LENGTH OF TIME YOU HAVE BEEN ASSOCIATED WITH _____.

ON A SCALE OF 1 TO 5, WITH 5 BEING EXCELLENT, PLEASE RATE HIS OR HER FOLLOWING CHARACTERISTICS.

•	INTERPERSONAL SKILLS	5	4	3	2	1
•	PRODUCTIVITY	5	4	3	2	1
•	RELIABILITY	5	4	3	2	1
•	TEAMWORK/COOPERATION	5	4	3	2	1
•	HONESTY	5	4	3	2	1

WOULD YOU LIKE TO SHARE ANY ADDITIONAL RECOMMENDATIONS? "THANK YOU FOR YOUR TIME TODAY!"