



VOLUNTEER APPLICATION

WELCOME! THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT THE MUSEUM. AFTER COMPLETION AND RETURN OF THIS APPLICATION, OUR STAFF WILL BE IN TOUCH. PLEASE ALLOW TWO WEEKS FOR THIS PROCESS. ITEMS WITH A * ARE REQUIRED.

MISSION STATEMENT

THE ROTCH-JONES-DUFF HOUSE & GARDEN MUSEUM ENLIVENS NEW BEDFORD'S HISTORY, ENGAGES OUR COMMUNITIES, AND ENRICHES CULTURAL UNDERSTANDING THROUGH STEWARDSHIP, EDUCATION, AND ENTERTAINMENT.

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
- GARDEN/FACILITIES ASSISTANT
- OFFICE ASSISTANT
- SPECIAL EVENT ASSISTANT
- GROUP TOUR GUIDE (RJD TRAINING PROGRAM REQUIRED)

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: _____