



*An Experience in History, Art & Architecture*

## Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

May the Volunteer Coordinator contact you at your place of work? \_\_\_\_ Yes \_\_\_\_ No

Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health information about which the Volunteer Coordinator should know (to the extent it would affect your ability to perform the duties you may be assigned):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_

Work experience: \_\_\_\_\_

\_\_\_\_\_

Volunteer experience: \_\_\_\_\_

\_\_\_\_\_

Special skills or interests:

\_\_\_\_\_

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**Indicate those area(s) for which you want to volunteer at Ruthmere:**

<input type="checkbox"/> Ruthmere Tour	<input type="checkbox"/> Havilah Beardsley	<input type="checkbox"/> Special
<input type="checkbox"/> My First Museum	House	events/Programs
Tour (simplified tour of	Tour	
Ruthmere for K-1st	<input type="checkbox"/> Gardening	
graders)		

List the day(s) and hour(s) you can volunteer at Ruthmere. **We are open Tues-Sat (10-4) and Sun (1-4):**  
Day(s): \_\_\_\_\_ Hour(s): \_\_\_\_\_

Indicate two references, which you will permit the Volunteer Coordinator to contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If under the age of 18, parent or guardian's signature is needed.

*Return this form to: Ruthmere Museum  
302 East Beardsley Ave.  
Elkhart, IN 46514*