



COASTAL DISCOVERY MUSEUM

Experience The Lowcountry Up Close

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Emergency Contact (name & phone): _____

Are you a Coastal Discovery Museum Member? Yes No

I am committed to volunteering a minimum of 20 hours per year for the Coastal Discovery Museum.

Signature

Date

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Volunteer Opportunities (check all that apply):

Museum store/ Front desk _____

Gardens / Grounds _____

Docent for Public Tours:

School Programs _____

 History _____

 Office / Mailings _____

 Nature _____

 Special Events or Festivals _____

Marsh Tacky Horses _____

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Work Interest

Describe briefly the different types of work in which you are most interested, experienced or qualified. List any particular abilities or skills you possess which would help you perform the job(s) for which you are applying. _____

Previous Experience

List job and volunteer experiences that are pertinent to the position for which you are applying:

General Comments

Please include additional comments: _____
