



Volunteer Application

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Day Phone: _____

Date of Birth: ____/____/____ Evening Phone: _____

Best time to call me is: _____

Would you like to receive the monthly Volunteer e-Newsletter? Yes _____ No _____

Interests

Please take a few minutes to share with us your interests and skills. We would like to use your time efficiently while ensuring you enjoy your activities here at PRI and MotE.

Please mark the following volunteer tasks according to how interesting they sound to you:
[5→ I would really like to do this; 0→ not interested]

- ___ helping with Educational Outreach Programs/events in the community
- ___ giving tours to museum visitors or visiting groups of school kids
- ___ leading programs/helping staff to teach programs to school groups
- ___ staffing the interactive Discovery lab stations (Fossil Lab, Dino Lab, Prep Lab)
- ___ assisting in general exhibit construction
- ___ graphic design for marketing materials or exhibit murals
- ___ sorting and cataloging fossils in our Collections Dept
- ___ assisting in the Education/Collections/Museum Ops offices (filing, sorting, computer work, data entry, organizing, helping with mailings)
- ___ library work/ publications
- ___ marketing in a non-profit institution
- ___ working to encourage donations for non-profits (writing grants, research, data input)
- ___ assisting with the planning of the yearly Gala

If you speak any languages other than English, what are they? _____

- Which do you enjoy** (circle):
- | | |
|---------------------------|-------------------------|
| Short-term projects | Long-term projects |
| Working with children | Detailed/ "fussy" work |
| Construction/outdoor work | Filing/organizing |
| Public Speaking | Writing |
| | Working on the computer |

Updated: 1/17/13

1259 Trumansburg Road, Ithaca, New York 14850 P: 607.273.6623x33 F: 607.273.6620

Would you be available for physical labor (e.g. moving boxes of fossils, books, chairs, tables, exhibits)? Yes No

Please list any other experience and/or skills you bring to us! _____

Which days would you like to volunteer? (please circle):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Would you prefer morning or afternoon? AM PM

Every week Every other week Monthly Occasional Special events Remote ?

How many hours per week would you like to volunteer? _____

Do you have computer experience? Yes No

If so, what programs are you proficient in? _____

Occupation

Please list your most recent job, and if a student, your school.

Company/School: _____ City: _____ State: _____

Title/Job Description/Major: _____

Relevant class work: _____

Previous Volunteer Experience?

Where? _____ When? _____

What did you do there? _____

How did you find out about and become interested in volunteering at PRI?

Would you agree to a background check if it was necessary to volunteer? Yes _____ No _____

Health and Emergency Information

Health Status:

Please list any preexisting conditions (i.e. diabetes, epilepsy, heart problems, etc.) that may affect your volunteer activities: _____

Please list any medications you are currently taking which medical personnel should be aware of:

Emergency Contacts

If under the age of 18, your first contact must be a custodial parent.

| Name | Relationship to you | Phone |
|------|---------------------|-------|
|------|---------------------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Other Emergency Contact Information

Name of Primary Care Physician: _____

Office Phone: _____

Name of Insurance Provider: _____

Office Phone: _____

Medical Facility Information

Because of the proximity, any medical emergencies will be treated by the Cayuga Medical Center, located at 101 Dates Drive, Ithaca, NY. If you would like to be treated at an *alternative facility*, please fill out the information below.

Name of facility: _____ Office Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Parent's Signature if under 18: _____

Please include parent's contact information if volunteer is under 18.