

VOLUNTEER APPLICATION

Kahnekano·lú Cultural Center
 760 Airport Dr.
 Oneida, WI 54155
 920-869-2768

1. Please print clearly.
2. Complete each section.
3. Complete Background Check Authorization

GENERAL INFORMATION

NAME:		TODAY'S DATE (mm/dd/yy):
MAILING ADDRESS:		CITY/STATE/ZIP:
PHONE:	BIRTHDATE (mm/dd/yy):	
EMAIL:		

AREAS OF INTEREST

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> EDUCATION TOURS / PROGRAMS | <input type="checkbox"/> OUTSIDE CLEANUP | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> GIFTSHOP | <input type="checkbox"/> COLLECTIONS | |
| <input type="checkbox"/> LIGHT HOUSEKEEPING | <input type="checkbox"/> SHELF READING | |

AVAILABILITY

Check all times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Open availability
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date you will be available to begin volunteering: _____

Are you required to complete these hours for community service YES NO

How many hours are needed for community service? _____

Tell us why you would like to volunteer at the Museum: