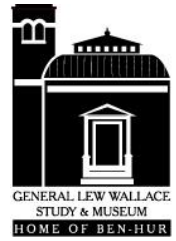


GENERAL LEW WALLACE STUDY & MUSEUM

VOLUNTEER INFORMATION FORM



Date: _____

Preferred Salutation (circle): Miss Ms. Mrs. Mr. Dr.

First Name _____ Nickname _____ Last Name _____

Address _____ City _____

State ____ Zip _____ Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ I prefer to receive calls at: ____ Home ____ Work ____ Cell

Birthday: Month _____ Day _____

What kind of work are you interested in?

- | | |
|--|---|
| <input type="checkbox"/> Visitor Services: Tours | <input type="checkbox"/> Research and Writing |
| <input type="checkbox"/> Visitor Services: Front Desk (greeting visitors, answering phones, gift shop sales, etc.) | <input type="checkbox"/> Clerical Assistance (mailings, filing, etc.) |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Grounds Work |
| | <input type="checkbox"/> Other _____ |

Availability:

- | | | | |
|------------------------------------|--------------|----|---|
| <input type="checkbox"/> Tuesday | AM | PM | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Wednesday | AM | PM | <input type="checkbox"/> Twice/month |
| <input type="checkbox"/> Thursday | AM | PM | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Friday | AM | PM | |
| <input type="checkbox"/> Saturday | 11 AM – 2 PM | | 1 st preference: _____ |

AM = 10:00 a.m. to 1:00 p.m.
 PM = 1:00 p.m. to 4:00 p.m.
 Special Events vary.

2nd preference: _____

Emergency Contact

Name _____

Relationship _____

Phone _____ Cell Phone _____

Do you have any medical conditions we should be aware of? (asthma, allergies, convulsions, diabetes, heart condition, orthopedic problems, etc.) YES _____ NO _____

If YES, please describe: _____

Are you allergic to any medications? (sulfa, penicillin, aspirin, etc.) _____

GENERAL LEW WALLACE STUDY & MUSEUM
VOLUNTEER PROFILE

Please complete the following information to help us find the best match of your time, talents, skills and interests. This form will help with immediate and future placement.

How did you learn about our volunteer program (mark all that apply)?

- Visit to Museum Publication By letter Friend/Relative Social Media
 Email newsletter Other _____

Indicate the reason you are seeking a volunteer position (check all that apply):

- Personal fulfillment Family/friends involved in service
 Professional development Requirement for class/degree
 Extra time available Other _____

Are there any aspects of our work that most motivated you to seek to volunteer here?

Knowing your strengths and interests, where do you see yourself contributing to the General Lew Wallace Study & Museum?

Are there any physical limitations that should be considered in volunteer assignments?

Are there any duties you would like for us not to ask you to do? _____

Do you have any special skills (ex: retail experience, second language, etc.) that you would like us to

know about? _____