

Volunteer Information Sheet

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ e-mail: _____

City: _____ State: _____ Zip _____

Date of Birth / / Emergency
Name and Number _____

Please check the box that applies:

- I would prefer to volunteer with the public (for example: historical interpretation, education programs, front desk etc).
- I would prefer to volunteer behind the scenes (for example: sewing historic clothing, barn/livestock, research, helping with preparation for special events and programs, maintenance, etc.
- I can do both.

Please check the days during the week that you can volunteer.

Mon	Tue	Wed	Thr	Fri	Sat	Sun

What is the maximum number of days you can volunteer per week? _____

What is the minimum number of days you would volunteer per week? _____

If you are available only at certain times or at certain times of year please describe this below.

Signature _____ Date _____

*Parent's Signature _____ Date _____

**Please note that all volunteers under 18 must have their parents permission and signature before they can participate in any Rocky Mount Programs.*