

MAKE YOUR MARK
VOLUNTEER
 LAS VEGAS NATURAL HISTORY MUSEUM

ADULT VOLUNTEER APPLICATION

General Information

Name _____
 Address _____
 Phone Number _____ Date of Birth _____
 Emergency Contact Name _____
 Relationship to you _____
 Education _____
 Where are you currently Employed? _____
 Have you done previous volunteer work? No Yes If yes, where, when and description

Volunteer Positions

Docent (Tour Guide) Exhibits Assistant Office Assistant
 Gift Shop Assistant Maintenance Education Dept. Assistant

Availability (Please write in the times that you can volunteer)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

References (Please give the name and phone numbers of two individuals.)

How did you hear about the Las Vegas Natural History Museum?

Signature _____
 _____ Date _____