

what
will you
create?

zeum

Volunteer Application Form

Volunteer Position

Date

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Or, write down "anywhere you need me!"

Personal Information

First Name

Middle

Last

Birth date

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Email

Home/Work Phone

Cell Phone

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Mailing Address

	<input type="checkbox"/> Yes , contact me for up-coming Zeum opportunities and events
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Emergency Contact

First Name

Last

Relation

--	--	--

Home Phone

Work Phone

Cell Phone

--	--	--

First Name

Last

Relation

--	--	--

Home Phone

Work Phone

Cell Phone

--	--	--

Interests and Experience

How did you learn about our Volunteer Program?

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Please describe your special skills and/or interests:

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Check all that apply:

<input type="checkbox"/> Administrative Tasks <input type="checkbox"/> Bookkeeping/accounting <input type="checkbox"/> Computer input/data entry <input type="checkbox"/> Filing <input type="checkbox"/> Phone Support <input type="checkbox"/> Typing <input type="checkbox"/> Word Processing	<input type="checkbox"/> Communications <input type="checkbox"/> Fundraising <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing and Promotions <input type="checkbox"/> Public Relations <input type="checkbox"/> Recruiting <input type="checkbox"/> Web Development/Design	<input type="checkbox"/> Carpentry <input type="checkbox"/> Technology (List: _____) <input type="checkbox"/> Exhibits Installation <input type="checkbox"/> Exhibits Maintenance <input type="checkbox"/> Stage/Light/Sound Design <input type="checkbox"/> Sewing <input type="checkbox"/> Video Editing	<input type="checkbox"/> Arts and Crafts <input type="checkbox"/> Camp Counselor <input type="checkbox"/> Customer Service <input type="checkbox"/> Greeting/Ushering <input type="checkbox"/> Mentoring Youth <input type="checkbox"/> Public Speaking <input type="checkbox"/> Teaching (age group _____)
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Are there any skills or interests you would like to develop?

Why do you want to volunteer at Zeum?

Have you had prior volunteer experience? If yes, describe:

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References

Have you ever worked or volunteered at Zeum before?
If so, what years?

Do you know anyone who works or has worked at Zeum?
If so, who?

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Please list two people other than a relative who would be willing to serve as a professional reference.

First and last name

Phone

Email

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First and last name

Phone

Email

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Availability

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available (ex: 11-2pm)							

Email, post, or fax form to: volunteer@zeum.org

Zeum

Attn: Volunteer Service/Sue May

221 Fourth St.

San Francisco, CA 94103

Fax: 415.820.3330

Questions? email: volunteer@zeum.org check out: www.zeum.org

Office Use Only Fingerprinted ___yes ___no Best way to be reached _____ Start Date _____ End Date _____ T-shirt size ___S ___M ___L ___XL
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