

VOLUNTEER APPLICATION

Please send application to:
LBJ Museum of San Marcos
P.O. Box 3
San Marcos, TX 78667

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ Mobile Phone _____

E-mail Address _____

Area(s) of Volunteer Interest:

_____ Docent (Tour Guide)	_____ Special Events	
_____ Exhibit Curation	_____ Archives	_____ Reference
_____ Development/Membership	_____ Publicity/Marketing	_____ Finance
_____ Education & Interpretation	_____ Public Programs	_____ Facilities Maintenance
_____ Oral Histories	_____ Conservation	_____ Website

Availability: _____ Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun

Circle: am pm am pm am pm am pm am pm am pm am pm

How often would you prefer to volunteer at the museum? _____

Education Background: Name of School _____ Degree _____ Dates Attended _____

Work and/or Volunteer Experience:

Employer _____ Position _____ Dates _____ City, State _____ Phone _____ Supervisor _____

Special Skills or Interests: _____

Describe any special skills, talents, and goals that you would contribute as a museum volunteer:

References: Name Relationship Telephone

I certify that the information provided is true and correct, and I release the Lyndon Baines Johnson Museum of San Marcos, its officers, agents, and employees from any liability associated with the processing of this application.

Signature

Date

For Office Use Only:

This applicant is interested in a volunteer position in the areas of: _____

Please review or document other submitted materials: _____

Interview Date: _____ Time: _____ Interviewer: _____

Notes: _____

Volunteer Start Date: _____ Expected End Date: _____