

**VOLUNTEER OPPORTUNITIES
ZOAR VILLAGE STATE MEMORIAL**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

Allergies or Other Medical Conditions: _____

BIRTHDAY (MM/DD/YY): _____ DRIVERS LICENSE #: _____

EDUCATION: _____

School: _____ City/State: _____

Major/Minor: _____ Degree Type: _____

LANGUAGES AND FLUENCY (FLUENT, READ, SPEAK): _____

SKILLS (weaving, blacksmithing, candle dipping, spinning, etc): _____

EXPECTATIONS OF VOLUNTEER EXPERIENCE: _____

EMPLOYMENT: _____

Employer: _____ Phone: _____

Summarize your job responsibilities: _____

May we contact you at work? _____ Direct Number: _____

VOLUNTEER EXPERIENCE

Organization: _____

Duties/Job Title: _____

Supervisor Name: _____ Phone: _____ May we contact? _____

Organization: _____

Duties/Job Title: _____

Supervisor Name: _____ Phone: _____ May we contact? _____

AVAILABILITY: _____ TUES _____ WED _____ THURS

_____ FRI _____ SAT _____ SUN

HOURS: _____ 11a-2p _____ 2p-5p _____ 11a-5p

INTERESTS:

SPECIAL EVENTS

- _____ Garden Tour
- _____ Harvest Festival
- _____ Christmas in Zoar
- _____ Civil War in Zoar
- _____ Other Events (specify) _____

GARDENS

- _____ Adopt a Plot
- _____ Design
- _____ Planting
- _____ Cleanup

INTERPRETATION

- _____ Costumed Building Inter-
preter
- _____ School Tours
- _____ Tour Guide
- _____ Collections

MAINTENANCE

- _____ Grounds
- _____ Buildings
- _____ Event Set-up
- _____ Event Tear-down

Other interests: _____

VOLUNTEER SIGNATURE: _____ Date: _____

PARENT'S SIGNATURE REQUIRED FOR VOLUNTEERS UNDER 18.

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____