

Tobacco Farm Life Museum
709 N. Church Street
Kenly, NC 27542



Tobacco Farm Life Museum

Volunteer Application

Name: _____ Birthdate (month/year): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please complete if between the ages of 14 and 17:

School: _____ Grade: _____ Year of Birth: _____

Name of parent/guardian: _____

Parent/guardian phone: _____

Parent/guardian email: _____

Tell us about your work and volunteer experience, interests, special skills or abilities:

Why do you want to volunteer at the Tobacco Farm Life Museum?

How did you hear about the Tobacco Farm Life Museum?

Continues on next page

Describe your favorite volunteer experience: _____

Areas of Interest (select all that apply):

<input type="checkbox"/> Gardens	<input type="checkbox"/> Reception Desk
<input type="checkbox"/> Grounds	<input type="checkbox"/> Research
<input type="checkbox"/> Historic Trades	<input type="checkbox"/> Special Events
<input type="checkbox"/> Museum Guide (school and other groups)	<input type="checkbox"/> Other (Please share below):
<input type="checkbox"/> Outreach	_____

Availability (check all that apply)

☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri. ☐ Sat. ☐ Flexible

Where do you prefer to work?

☐ Inside ☐ Outside ☐ Both

Emergency Contact Information:

Name: _____ Relationship: _____

Phone: _____

Please submit completed applications to Grayson at grayson.butler@dn-cr.nc.gov, drop them off at the museum's front desk, or mail to PO Box 88, Kenly, NC 27542. You will be contacted to schedule an interview and training session. Thank you for your interest in volunteering!