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



## Tobacco Farm Life Museum

## Volunteer Application

Name:		Birthdate	e (month/year):
Address:			
City:	State:	Zip:	
Phone:		<del></del>	
Email:			
Please complete if between the	ages of 14 and <sup>1</sup>	17:	
School:	Gra	ade:	Year of Birth:
Name of parent/guardian:			
Parent/guardian phone:			
Parent/guardian email:			
Tell us about your work and volu	nteer experien	ce, interests,	special skills or abilities:
Why do you want to volunteer a	t the Tobacco F	arm Life Mu	seum?
How did you hear about the Tob	acco Farm Life	Museum?	

Areas of Interest (select all that apply):  Gardens	Describe your favorite volunteer experience:	
Gardens Reception Desk Grounds Research Historic Trades Special Events Museum Guide (school and other groups) Other (Please share below): Outreach Sat Flexible  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:		
Grounds Research Historic Trades Special Events Museum Guide (school and other groups) Other (Please share below): 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:	Areas of Interest (select all that apply):	
Historic Trades Special Events Other (Please share below): Outreach Special Events Other (Please share below): Outreach Sat Fri Sat Flexible Flexible Flexible Flexible Flexible Flexible Flexible Flexible Flexib	Gardens	Reception Desk
Museum Guide (school and other groups) Other (Please share below): 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:	Grounds	Research
Outreach	Historic Trades	Special Events
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:	Museum Guide (school and other groups)	Other (Please share below):
TuesWedThursFriSatFlexible  Where do you prefer to work?Inside Outside Both  Emergency Contact Information:  Name: Relationship:	Outreach	
Where do you prefer to work? Inside Outside Both  Emergency Contact Information:  Name: Relationship:	Availability (check all that apply)	
Inside Outside Both  Emergency Contact Information:  Name: Relationship:	Tues Wed Thurs Fri	Sat Flexible
Name: Relationship:		
	Emergency Contact Information:	
Phone:	Name: Relationship:	
	Phone:	

Please submit completed applications to Grayson at <a href="mailto:grayson.butler@dncr.nc.gov">grayson.butler@dncr.nc.gov</a>, 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!