

Wenatchee Valley Museum and Cultural Center

Volunteer Information and Application

Thank you for your interest in volunteering with the Wenatchee Valley Museum and Cultural Center! Volunteers are an essential part of the everyday operations and we appreciate you taking the time to complete our application.

We will attempt to match your interests and abilities with the needs of the Museum. After your application is reviewed, a Museum staff member will contact you to schedule your interview. The interview process is essential in not only finding volunteers that fit our needs, but also in placing our volunteers in an area where they can excel and feel comfortable. Please feel free to attach a resume or any other supplemental materials.

If accepted into the program, volunteers are considered to be integral members of our staff and programs, and within their project area are expected to assume the same responsibilities as regular WVMCC staff.

NOTE: Participants may be photographed for educational, archival, and public relations purposes for WVMCC. If you do not wish to have your photograph taken or published, please let a staff member know.

First and Last r	name:						
Age range: (Cir Birthdate: (if u			18-35	36-55	56-65	Over 66	
Gender:		Preferre	·				
Address:				_ City/State/Zip:			
Phone Number	:			_ Email Address:			
Preferred meth	od of contac	t: Phone: □	Text:	□ Email: □			
Emergency Contact: Name Rel				elationship	ationship Phone		
Availability: Start date:		End date: _					
Estimated num	ber of hours	per year you w	ant to volun	iteer:	·		
		wing days. Note ng to be a regula		-	h day you	would like to volunteer,	
Monday □	Tuesday	□ We	dnesday □	Thursday [
Friday □	Saturday	, □ Mc	rnings 🗆	Afternoons	П		

Skills and interest:						
Is this your first-time volunteering in a museum - Yes \square No \square If no, where have you volunteered?						
What is your goal or reas	on for volunteering?					
Volunteer Placement:						
I have an interest in volu	nteering in the following a	areas of the mu	seum, (Circle all that apply):			
☐ After School Program	as* □ Archives/Coll	ections*	☐ Children/Family Programs*			
☐ Children's Art Room*	☐ Computer Wo	ork	□ Docent (Tour Guide)*			
☐ Exhibit Host	☐ Facility Maint	enance	□ Front Desk			
☐ General Office Help	□ Gift Shop		☐ Historic Building Tour Guide			
☐ Model Railroad	□ Special Event	s & Programs	□ Specialized Docent*			
☐ Riverfront Railroad	□ Summer Chilo Programs*	lren's	□ Wells House			
*Denotes areas of working		useum assets a	nd requires a background check.			
What skills would you lik	se to learn?					
References: List two persons who wil	ll be happy to give a refere	ence on your be	half:			
Name	Relationship		Phone			
Name	Relationship		Phone			
Do you have a valid Wash Do you have your MAST: Is there anything else you	ed in First Aid or CPR? nington drivers license? _ for serving alcohol? u would like to tell us abou ch additional sheets as nee	ut yourself that	will help us in placing you in the ap	propriate		
V		Thank you.				
You Will	Wenatchee Valle 127 South Mis Tel	y Museum and sion, Wenatch le: 509.888.62	ee, WA 98801 43			
Internal Use:	Email this form to: Rar	idi Koberts at	rroberts@wvmcc.org			
	Email/Phone:	Deter	mination:			
Assigned:	Altru entered:	Rack	round Chack:			

Volunteer Agreement

in this application and in any other forms I/a understand that false or misleading stateme	Il information given by me/applicantapplicant complete during the application process is true ents made by me/applicant or consequential omissions of for not being accepted as a volunteer or for being dismister when discovered.	e and correct. f any kind in
in this application and complete any background	Cultural Center, WMVCC, to investigate all of the information of the information of the comment	unteer history
I understand that there will be an interview I/applicant will be expected to complete the	prior to my/applicant's being accepted as a museum vol required training for museum volunteers.	unteer and
	nd Cultural Center, its agents, officers, employees and vor injury or damages arising from my participation in this	
I have read and understand the Volunteer ha	andbook.	
Your signature:	Date:	
Parent/ Guardian signature:	Date:	-
Staff signature:	Date:	
Internal use: Application Agreement received by:	Date	