

Submit a Volunteer Form

Name _____

Date _____

Personal Information

Address _____

Phone Number _____ Evening _____

Birthdate _____

In case of emergency call _____ Number _____

Have you visited the Sioux City Public Museum before?

Why are you interested in volunteering at the museum?

Do you do any other volunteering? If so, where?

Do you have any special skills, hobbies or talents that might be used as a volunteer at the museum? (storytelling, making crafts, woodworking, anything)

What type of volunteer duties would you like to be involved with at the museum?

Do you like duties that allow you to work with people or independently?

Can you volunteer on a weekly basis? What days and times do you prefer?

Questions?