



# The Watkins Community Museum of History

## Volunteer Form

*Please print out the form, complete and mail to:*

**Watkins Community Museum**

1047 Massachusetts Street

Lawrence, KS 66044

Phone (785) 841-4109

Fax (785) 841-9547

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Education/Special Training (include Museum or Library work: \_\_\_\_\_)

Community Affiliations/Activities \_\_\_\_\_

Special Skills, interests, hobbies: \_\_\_\_\_

**Please check the areas in which you would like to volunteer:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Front Door Docent     | <input type="checkbox"/> Tour Guide       | <input type="checkbox"/> Assist with programs |
| <input type="checkbox"/> Data Entry            | <input type="checkbox"/> Cleaning Crew    | <input type="checkbox"/> Office/Clerical Work |
| <input type="checkbox"/> Proofreading/editing  | <input type="checkbox"/> Work w/artifacts | <input type="checkbox"/> Maintenance Skills   |
| <input type="checkbox"/> Genealogical Research | <input type="checkbox"/> Other _____      |   |

Do you have computer skills?     Yes     No

Familiar Programs: \_\_\_\_\_

Would you be willing to help the staff with bulk mailings?     Yes     No