

Volunteer Application



Date of Application _____

Personal Information

Full Name		Nationality
Address		
Phone	Email	Date of Birth
Driving License	<input type="checkbox"/> No <input type="checkbox"/> Yes,	Years of Work
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	

Educational Background

Degree / Course	University / Institute	Years Completed	Current GPA	City

Employment/Prior Internship Experience

Company	Position	Year	Reason for Leaving

Skills & Training

Skill & Training Achievement(s)	Level	Year	University/Institute

Please email your completed application to Rachel Kennedy at rachel.kennedy@dncr.nc.gov or drop your application off at the CSS Neuse Museum located at 100 North Queen Street, Kinston, NC 28501.

Interest and Availability



Please specify the days and times you are available:

_____ Tuesday _____ Wednesday _____ Thursday
_____ Friday _____ Saturday

Please indicate the area(s) in which you are interested in:

___ Research/Writing ___ Special Event Coordination ___ Programming ___ Visitor Services ___ Fundraising
___ Education (General) ___ Friends of the CSS Neuse Museum Nonprofit/Special Events

Miscellaneous Information

Do you have previous volunteer or work experience? ___ No ___ Yes If yes, please list dates, institution, and responsibilities: _____

References

Name _____

Email _____

Phone Number _____

Relationship to Applicant _____

Name _____

Email _____

Phone Number _____

Relationship to Applicant _____

Terms & Agreements

I certify that all of the statements made on this Application are true, complete, and correct to the best of my knowledge.

I hereby authorize the CSS Neuse Museum to contact all the employers and/or references mentioned in my volunteer application. Moreover, I permit any person, school, organization, or entity listed in my application to furnish CSS Neuse Museum with any relevant information that may aid the Museum in making a placement decision. I explicitly release said persons, organizations, or entities from any legal responsibility for revealing any information about me that is legally permissible to disclose.

Signature _____ Date _____