



Mandarin Museum  
& HISTORICAL SOCIETY

# Volunteer Application

***For Office Use Only***
Member # _____
Start Date _____
Position _____

**PLEASE PRINT**

## Personal Information

\_\_\_\_\_  
Name (Last) (First) (Middle Initial)

\_\_\_\_\_  
Home Address (Number, Street, City, State, ZIP Code)

\_\_\_\_\_  
Mailing Address (If Different)

\_\_\_\_\_  
Home Phone Work Phone E-Mail Address

Please circle preferred method of contact:

Home Phone Work Phone E-Mail Mail Other \_\_\_\_\_

I give permission for my name and address/E-Mail to be put on a general mailing list to receive any mailing from the Mandarin Museum & Historical Society and associated programs.

Address: Yes  No  E-Mail: Yes  No

## Emergency contact:

\_\_\_\_\_  
Name Relationship ( ) Phone

*NOTE: Participants may be photographed for education, archival, and public relations purposes for the Mandarin Museum & Historical Society.*

## Please Tell Us About Yourself

Please briefly tell us why you are interested volunteering for the Mandarin Museum & Historical Society.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to be a volunteer or been employed in a museum before? Yes  No

If yes, please describe your experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your employment experience and any education/background you have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OVER**

Please describe any history, computer, or people related experiences you have.

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Do you have any allergies or physical disabilities that would involve special placement? Yes  No

If yes, please describe.

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I am interested in working in the selected areas: (Please check as many as apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Docent/Tour Guide    | <input type="checkbox"/> Publications                                |
| <input type="checkbox"/> Greeter/Museum Store | <input type="checkbox"/> Collection Processing and Cataloguing       |
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Maintenance                                 |
| <input type="checkbox"/> Special Events       | <input type="checkbox"/> Clerical (including typing and/or computer) |
| <input type="checkbox"/> Research             | <input type="checkbox"/> Exhibits                                    |
| <input type="checkbox"/> Oral History         | <input type="checkbox"/> Marketing                                   |
| <input type="checkbox"/> Archives/Library     | <input type="checkbox"/> Other _____                                 |

Is there anything else you would like to tell us about yourself that will help us in placing you in the appropriate volunteer position?

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### References

Please provide two references.

_____	_____	(____) _____
Name	Relationship	Phone

_____	_____	(____) _____
Name	Relationship	Phone

### Availability (Note: Not all positions are available at all times)

Start date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_ Total hours per week you want to volunteer \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	Museum	Museum					
PM	Closed	Closed					

Scheduling notes

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Please return to the Mandarin Museum & Historical Society by mail at P.O. Box 23601 Jacksonville, FL 32241 or by hand at 11964 Mandarin Road, Jacksonville, FL 32223. For any questions, please call 904-268-0784 or E-mail at [mandarinmuseum@bellsouth.net](mailto:mandarinmuseum@bellsouth.net).