

APPENDIX FORM 11

Name: \_\_\_\_\_ Date: \_\_\_\_\_

To all volunteers, please complete and return to the Volunteer Coordinator; Chuck Thiess at, 772-595-5845; [email@navyudtsealmuseum.com](mailto:email@navyudtsealmuseum.com); 3300 N A1A Highway, Fort Pierce, Florida 34949

We need information from you in order to make your experience as enjoyable and productive as possible. By knowing what you would like to be involved in, we can ask if you are available if a need arises.

1. In what categories/areas of the museum do you intend to volunteer at from the following categories (you CAN select more than one, or rate most interested (1) to least interested (12) see the attached listing of categories as noted in the Volunteer Manual)?

- |  |                                  |
|--|----------------------------------|
| _____ Greeters                             | _____ Collections Volunteers     |
| _____ Volunteers in the Education Program. | _____ Special Events Volunteers  |
| _____ Store Clerk Assistants               | _____ Marketing Volunteers       |
| _____ Museum Gallery Attendants            | _____ Special Project Volunteers |
| _____ Docents                              | _____ Administration Volunteers  |
| _____ Lecturers                            | _____ Research Assistants        |

Other:

2. What days of the week are you available? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How many days/shifts could you volunteer pre week/per month (shifts are 10-1; 1-4 or 10-4 with a ½ lunch break, other breaks are provided upon request)?

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