



Clermont Volunteer Application

Name _____

Address _____

Daytime Phone ____ - ____ - _____ Evening Phone ____ - ____ - _____

Email _____

Education: Highest Grade Level or Degree Completed _____

Employment (check one): Currently Employed ___ Retired ___ Other ___

Previous Museum Experience: _____

If Volunteer is under 18 years of age, parent or guardian must sign below giving permission for minor to participate in volunteer activities at and for Clermont State Historic Site.

Please indicate those categories of volunteer work which interest you:

- | | |
|---|---|
| <input type="checkbox"/> Staffing a room for Holiday or Special Event Open Houses | <input type="checkbox"/> Living History |
| <input type="checkbox"/> Giving House Tours for Adults | <input type="checkbox"/> Museum Gift Shop |
| <input type="checkbox"/> Assisting with House Tours for School Groups | <input type="checkbox"/> Visitor Center Greeter for Group Tours and Special Events |
| <input type="checkbox"/> Assisting with School Outreach programs | <input type="checkbox"/> Research Library / Transcription |
| <input type="checkbox"/> Decorating the Mansion for the Holidays | <input type="checkbox"/> Office or Clerical Work |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Creating and/or supervising craft projects for school groups |
| <input type="checkbox"/> Giving / Leading Garden Tours | <input type="checkbox"/> Distribution of Flyers for Special Events |
| <input type="checkbox"/> Photography | |

What qualifications, skills, or experience do you have that you would like to use in your volunteer work?

- | | |
|---|--|
| <input type="checkbox"/> Gardening / Weeding | <input type="checkbox"/> Hand Tool Operation |
| <input type="checkbox"/> Grounds Keeping / Tree Removal | <input type="checkbox"/> Power Tool Operation |
| <input type="checkbox"/> Public Speaking / Lecturing | <input type="checkbox"/> Librarian |
| <input type="checkbox"/> Writing / Editing | <input type="checkbox"/> School Teacher |
| <input type="checkbox"/> Cash Register Operation | <input type="checkbox"/> Foreign Language _____ |
| <input type="checkbox"/> Computer Operation | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Sewing Clothing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> First Aid / EMT Training | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Group Leader / Supervisory | <input type="checkbox"/> Genealogical Research |
| <input type="checkbox"/> Story Telling / Reading Out Loud | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Historical Research | <input type="checkbox"/> Play Musical Instrument |
| <input type="checkbox"/> Gift Shop / Retail | <input type="checkbox"/> Other _____ |

Circle the months you would be available for work:
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Circle the days you would be available for work: Mon Tue Wed Thu Fri Sat Sun

Circle the time of day you would prefer to work: Morning Afternoon Evening