

History Museum of Mobile Volunteer Application

Personal Information

Name _____ Date _____

Address _____ City _____

State _____ Zip Code _____ E-mail _____

Home Phone () _____ Other Phone () _____

Emergency Contact Information

Name _____ Relationship _____ Phone () _____

Are you over 18 years of age? yes no

Volunteer Experience

Work Experience

Education

Hobbies or Special Interests

Computer Skills

Availability

Days/Times you are available to volunteer (please be as specific if possible)

Total number of hours you are available: _____ hours per week ___ or month _____

Please mail completed form to:

Volunteer Coordinator

History Museum of Mobile

P.O. Box 2068

Mobile, AL 36652