

MISSISSIPPI
ARMED★FORCES
MUSEUM
CAMP SHELBY

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email: _____

Background:

Employer/School: _____

Highest Level of Education: _____ Age: _____

Availability:

Time Available: Any time Weekdays Weekends Nights Special Events

How many hours would you like to volunteer? _____

How long would you like to volunteer? _____

Areas of Interest:

Please indicate below which areas of the Museum you are interested in volunteering.

- | | | |
|---|---|---|
| <input type="checkbox"/> Visitor Services | <input type="checkbox"/> Tours of Exhibitions | <input type="checkbox"/> Collections Support |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Archives/Library | <input type="checkbox"/> Artifact Cataloging |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Scanning | <input type="checkbox"/> Artifact Conservation |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Oral Histories | <input type="checkbox"/> Facilities Maintenance |
| <input type="checkbox"/> Office Support | <input type="checkbox"/> Exhibit Support | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Other (<i>Please specify</i>): | | |