



PoBox 311 Hiddenite, NC 28636
828-632-6966
info@hiddenitearts.org
Hiddenitearts.org

The Hiddenite Arts & Heritage Center

VOLUNTEER APPLICATION

Date: _____

PERSONAL INFORMATION

Name _____ Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Email: _____

Male Female

AGE: Youth (11-17) Adult

EMPLOYMENT

Full-time Part-time Student Retired Other

Occupation (current or *most recent*): _____

Employer Name: _____

Skills, Training, and/or Certifications:



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AVAILABILITY / INTEREST

Please list when you are available:

Do you have any health conditions or any other limitations that might affect your volunteer work?

VOLUNTEER PREFERENCES (Please check all that apply)

Possible Volunteer Jobs:

- | | | |
|--|--|--|
| <input type="checkbox"/> Exhibit Guide
Trips/Programs | <input type="checkbox"/> Living History Demonstrator | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Office/Front Desk | <input type="checkbox"/> Building restoration/upkeep | <input type="checkbox"/> Event Assistant |

Examples of a few tasks may be asked to be done:

- setting up and putting things away after events
- office and mailing help
- distribution of flyers at events
- front door ticket retrieval at events
- baking
- pulling weeds, maintaining beds

If you are planning to volunteer at the heritage site, do you own any period clothing? If so, from what time period?

(Victorian, colonial, Roaring Twenties, World War eras, etc)



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Please list any other related skills or experiences you have that you wish to share:

Emergency Contact Information

Name of Emergency Contact: _____ Phone: _____

Statement

I understand and agree that submitting this application form does not automatically qualify me as a volunteer and that there may be certain qualifications that I must meet including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate. I authorize you to make such investigations and inquiries into my background as may be necessary to determine my fitness to work with and around children. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

Image release: In consideration of the opportunity to participate in The Hiddenite Arts & Heritage Center programs, I hereby agree to your recording my name, appearance, voice and participation in the program for use in any promotional and/or marketing or other Iredell Museums related materials.

Adult volunteer applicants may be subject to a background check.

Signature: _____ **Date:** _____

THANK YOU FOR APPLYING TO BE A MUSEUM VOLUNTEER!

For Volunteers under 18, please see Minor Release Form.



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MINOR Volunteer RELEASE FORM

The Hiddenite Arts & Heritage Center

I, _____ (*Parent/Guardian*), consent to and authorize
_____ (*Minor*) to act as a volunteer at The Hiddenite Arts
& Heritage Center.

PARENT / GUARDIAN CONTACT

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

**Please list any allergies or medical conditions the Minor has which Museum Staff
and Board needs to be aware of:**

Parent/Guardian Signature: _____ **Date:** _____



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