



VOLUNTEER APPLICATION

Application Information

Full name: _____ Date: _____
Last First M.I.

Nick name: _____

Preferred Phone: _____

E-mail: _____
The email address you provide will be used for regular volunteer communication. Please verify it is accurate, and please add @friendsofnobska.org to your "safe sender" list.

Mailing Address: _____
Street address Apt/Unit #

City State Zip Code

About You

In order to better find a volunteer niche for you, please describe your interests, work experience and areas of expertise:

Current Volunteers: What year did you start volunteering at Nobska? Year: _____

Specific Skills

If you have specific areas of expertise to offer, please indicate:

Administrative	Computer	Fundraising	Landscaping	Project Mgt.
Bookkeeping	Event Planning	Governance	Marketing	Retail
Building Maintenance	Education	Graphic Design	Museum	

Second language (specify): _____

Other: _____

New Volunteers: Briefly explain why you want to volunteer at Nobska.

Opportunities

The Friends of Nobska Light have several opportunities for engagement. Please indicate what area(s) of service interest you. Select all that apply to your interest.

Administrative Support	Docent: Museum	Fundraising	Social Media Support
Accounting	Docent: Tower Tour	Gift Shop	Website Support
Bookkeeping Support	Event Planning	Governance	
Educational Programs	Facilities Committee	Museum Committee	

Other: _____

Emergency Contact

Emergency Name	_____	Emergency Number	_____
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Do you have any medical conditions we should be aware of? No Yes , if yes, please explain.

References

Please provide two non-family references.

Name: _____ Phone: _____

Name: _____ Phone: _____

Availability

Please indicate the time of year, days and times you are usually available to volunteer.

I am usually available year-round.

I am usually available from _____ to _____.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge. I am aware that a background check through Massachusetts' Criminal Offender Records Information (CORI) system is required by the organization.

If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Organizational Notes