



DELAWARE AGRICULTURAL MUSEUM

866 N. DuPont Hwy, Dover, DE 19901
Phone: 302-554-0551
Email: director@deagriculturalmuseum.org
www.agriculturalmuseum.org

VOLUNTEER APPLICATION

Name: _____

Address: _____
Street City State Zip

Primary Phone: _____ Email: _____

Adult: ____ or ____ Jr. Volunteer (Under 18. Must be accompanied by an adult.)

If Jr. Volunteer, name of parent or guardian: _____

Why do you want to volunteer? _____

Previous Volunteer Experience or Work Experience: _____

Time Commitment: How long would you like to volunteer with our organization?

____ Short Term - _____ (Specific Dates)

____ Ongoing Partnership

Days Available: _____

What type of work are you interested in? (Select all that apply)

____ Clerical Assistance

____ Demonstrator

____ Data Entry

____ Gardening/Horticulture

____ Historical Interpreter

____ Maintenance

____ Event/Site Photography

____ Program Development

____ Special Events

____ Social Media Publicity

____ Tour Guides

____ Historic Building Care

____ Fundraising

____ Visitor Services

____ Grounds Keeping

____ Special Projects

____ Curatorial Assistance

____ Public Relations

List 3 References:

1. _____
Name Email Address Phone Number
Relationship _____
2. _____
Name Email Address Phone Number
Relationship _____
3. _____
Name Email Address Phone Number
Relationship _____

Emergency Contacts:

1. _____
Name Phone Number Relationship
2. _____
Name Phone Number Relationship
3. _____
Name Phone Number Relationship

Signature: _____

Date: _____