

# Volunteer Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

## Skills, Knowledge, Abilities & Interests

Check ☒ All That Apply

☐ Accounting - Bookkeeping

☐ Gardening / Landscaping

☐ Building maintenance

☐ Grilling

☐ Cleaning

☐ Inventory

☐ Computer skills – MS Office

☐ Media

☐ Construction

☐ Organizing

☐ Docent (museum tours)

☐ Photography

☐ Entertainment

☐ Publicity / Public relations

☐ Fund raising

☐ Sales

☐ Other: \_\_\_\_\_

Mail to: Dr. Kate Museum P.O. Box 851 Woodruff, WI 54568