



University of Colorado
Museum of Natural History
Volunteer Application

Name: _____

Email Address: _____

Mailing Address: _____

Primary Phone: _____ work ___ home ___ cell ___

Secondary phone: _____ work ___ home ___ cell ___

Date of birth: _____

Year in school: _____

What would you like to do at the Museum?

___ Work with kids/families ___ Work with adults ___ Work behind the scenes in collections

___ Help with administration ___ Help with field work

List previous employment and volunteer experience:

List specific skills, education, experience, or knowledge that may be relevant to your museum work:

Please give the name and phone number of two references that know of your abilities and background.

Name: _____ Phone Number: _____

Relationship to Applicant: _____

Name: _____ Phone Number: _____

Relationship to Applicant: _____

When are you available to work? Please list days and times below.

Emergency Contact Information: In case of emergency, please contact:

Name: _____ Relation: _____

Primary Phone: _____

Secondary Phone: _____

Office Use Only:

Date Received: _____

Background Check: Date Submitted: _____ Date Passed: _____

Application Forwarded To: _____ Date: _____