

King and Queen Courthouse Tavern Museum Volunteer Application

Date: ___/___/___

Name: _____

Address: _____

Phone: _____ Best time to call: _____

Emergency Contact: _____ Phone: _____

Birthday (mm/dd): ___/___

Have you had previous volunteer experience? () Yes () No

What type of work do you like to do? _____

Use the list below to identify skills/experiences that may be useful as a volunteer.
Check as many as you like.

- | | |
|---|--|
| <input type="checkbox"/> Computer operation/programming | <input type="checkbox"/> Care of exhibits and antiques |
| <input type="checkbox"/> Docent/hostess | <input type="checkbox"/> Indexing/Filing |
| <input type="checkbox"/> Writing articles | <input type="checkbox"/> Research |
| <input type="checkbox"/> Editing | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Proof reading | <input type="checkbox"/> Electrical work |
| <input type="checkbox"/> Exhibit preparation | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Retail sales | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Music |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Carpentry |

Hours/month available to Volunteer: _____ Best days/ time: _____

Signature: _____

Submit completed form to:

Historical Society and The Courthouse Tavern Museum
P. O. Box 129
King and Queen Court House, VA 23085-0129