



Pratt Museum Adult Volunteer Application

3779 Bartlett, Homer, Alaska 99603 Telephone: 907 235 8635

www.prattmuseum.org

email: info@prattmuseum.org

Thank you for your interest in volunteering at the Pratt Museum. Your time is valuable and we appreciate that you have chosen to share it with your community museum!

Today's Date: _____

Name: _____

Date of Birth: ___/___/___

Email Address: _____

Mailing Address: _____

Preferred Contact Phone Number: _____

Alternate Phone Number (optional): _____

1. When are you available to volunteer: (Please check all that apply)

- Year-round
- Seasonal: Summer Winter
- Weekday AM PM
- Weekend AM PM
- On Call for Special Projects/Odd Jobs

2. Please check all areas in which you have skills, knowledge, or experience:

- | | | |
|--|--|---|
| <input type="checkbox"/> Cash Register/Point of Sale Systems | <input type="checkbox"/> Visitor Services, Greeter | <input type="checkbox"/> Event Coordination |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Art/Photography | <input type="checkbox"/> Forest Ecology |
| <input type="checkbox"/> Plant Identification | <input type="checkbox"/> Native Cultures | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Geology | <input type="checkbox"/> Carpentry/General Repairs | <input type="checkbox"/> Birds |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Technology | <input type="checkbox"/> Computer Programs |
| <input type="checkbox"/> Other: _____ | | |

3. What type of volunteer work are you interested in? (Please check all that apply)

Visitor Services: ___ Admissions Desk ___ Gallery Host (Homestead Cabin) ___ School Groups
___ Outreach

Maintenance: ___ Trails ___ Garden ___ General repair/odd jobs

Fundraising/Special Events: ___ Coordinate an event ___ Prepare/Coordinate food ___ Staff an event

Back of House: ___ Collections ___ Exhibits ___ Administrative

4. Do you prefer to work independently or with a friend or group? _____

5. While not required, it is helpful to know if you have current CPR/First Aid Training. If you do, when does your certification expire? _____

6. Please tell us why you would like to volunteer and any other information to help us connect you with appropriate volunteer opportunities.

Please list emergency contact information: Name: _____

Relationship: _____ **Phone Number(s):** _____

To the best of our ability, we wish to provide a safe environment for our visitors. You may be asked for a background check, especially for interacting with children. This background check will be at your expense, and we will provide additional information as needed.

Signature: _____



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Homer, AK
907-235-8635