



VOLUNTEER APPLICATION

Last Name	First	Middle/Maiden	Nickname	
Street Address		City	State	Zip
Home Phone ()		Work Phone ()	Email	

EDUCATION

High School
 College
 Technical School
 Other

Degree(s)

Name of School/Organization

VOLUNTEER EXPERIENCE

Current Activity

Activity Organization Years/Months

Activity Organization Years/Months

Activity Organization Years/Months

Prior Activity

Activity Organization Years/Months

Activity Organization Years/Months

Activity Organization Years/Months

PROFESSIONAL WORK EXPERIENCE *(Past or Present)*

Job Title Company/Organization Years/Months

Over for more information

Skills (Office, Arts/Crafts, Research, Graphics, Computer, etc...)

Foreign Language (Please specify language(s))

Sign Language (Yes/No)

Hobbies

KENTUCKY DERBY MUSEUM INTERESTS *(Please check as many as apply)*

- | | | | |
|--------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Archives/Library/Research* | <input type="checkbox"/> Communications/Public Relations | <input type="checkbox"/> Docent(Exhibit Guide) |
| <input type="checkbox"/> Education | <input type="checkbox"/> Equine Care | <input type="checkbox"/> Exhibits | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Gift Shop/Catalog | <input type="checkbox"/> Marketing | <input type="checkbox"/> Evening/Weekend Events | <input type="checkbox"/> Where Needed |

AVAILABILITY TO VOLUNTEER *(Please check as many as apply)*

- | | | | | | | | |
|----------------------------------|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | <input type="checkbox"/> Anytime | | | | |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Anytime |

REFERENCES *(Please give the names of two people (not related) with whom you have volunteered or worked)*

Name	Company/Organization	Work Phone
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Name	Company/Organization	Work Phone
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PERSONAL

Birthday	Marital Status	Name of Spouse
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Family (Children, Pets, etc...)

Physical Limitations

Emergency Contact Name	Relation	() Work Phone	() Home Phone
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WHY? *(Write in 25 words or less why you would like to volunteer at the Kentucky Derby Museum)*

Volunteer Signature

Date

Kentucky Derby Museum Membership is required with Outriders' Society dues. *Requires routine employment security check.