

Deschutes Historical Museum  
129 NW Idaho Ave.  
Bend, OR. 97703  
541-389-1813

**Deschutes**  
**Historical Museum**  
*Put some history in your future...*

## Volunteer Application

Name \_\_\_\_\_

First

Last

Phone: \_\_\_\_\_ Birthday \_\_\_\_\_ Pronouns \_\_\_\_\_

(Month/Day)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have any health considerations that you would like us to know about?

\_\_\_\_\_

Do you have any relevant work (not volunteer) experience?

\_\_\_\_\_

\_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

*Help us find the best volunteer placement for you!*

Do you have volunteer experience?    Yes                      No

Name and phone number of another organization for which you have volunteered:

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

Supervisor: \_\_\_\_\_ Years volunteered: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Special interests or hobbies that might apply at the museum: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The museum is open 10:00 am—4:30 pm Tuesdays through Saturdays. Which days and

<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>

*References and Additional Information*

Please list two people who have knowledge of your character, experience or ability:

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*I hereby agree to follow all museum and volunteer policies and procedures while working as a volunteer. I declare that I have answered all questions truthfully and have not willingly omitted any information. By signing this application I agree to the above, and acknowledge that my references may be called.*

Signature \_\_\_\_\_ Date \_\_\_\_\_