



Temp / Comm. Service: _____

of hours needed: _____

Reg. vol: _____

Am [] Pm []

Sun. [] Mon. [] Tues. []

Wed. [] Thurs. [] Fri. [] Sat. []

Volunteer Application

Name _____ Date _____

Address _____ Age, if a minor _____

City _____ State _____ Zip code _____

Phone # _____ Additional phone # _____

Email _____ Would you like to be contacted for special events?

of hours to volunteer _____ School Name _____

EMERGENCY CONTACT PERSON: _____

Emergency contact phone # _____ Add. phone # _____

MEDICAL LIMITATIONS OR ALLERGIES: _____

I am interested in volunteering as:

_____ **Animal Keeper Assistant** _____ **Garden Assistant** _____ **Docent**

_____ **Maintenance Assistant** _____ **Office Assistant** _____ **Train**

Please mark best time and days available to volunteer? _____ AM _____ PM

Sun. [] Mon. [] Tues. [] Wed. [] Thurs. [] Fri. [] Sat. []

Have you ever worked or volunteered at the California Living Museum? Yes _____ No _____

If yes, when _____

Please list any previous volunteer experience: _____

Please list any work experience or special skills: _____

SIGNATURE (parent must sign for minor) _____

Thank you for your interest in CALM. Call (661) 872-2256 to schedule your volunteer time.

Date arrived: _____ Date returning: _____

Comments: _____