



# Volunteer Application

Please Print

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you at least 18 years of age? [ ] Yes [ ] No Date of birth \_\_\_/\_\_\_/\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

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

I am interested in volunteering in the following areas:

\_\_\_ Visitor Services      \_\_\_ Special Events      \_\_\_ Exhibits and Collections

\_\_\_ Education Services      \_\_\_ Maintenance and Production      \_\_\_ Fund Raising

**Please mark the times that you are available to volunteer.** *These are potential times only.* If selected for a volunteer position, you can choose specific time slots from many opportunities.

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

**I am comfortable working with: Mark all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Toddlers (under 5) | <input type="checkbox"/> Small Groups (up to 30)              |
| <input type="checkbox"/> Grades K-6         | <input type="checkbox"/> Large Groups (up to 60)              |
| <input type="checkbox"/> Teens              | <input type="checkbox"/> Various cultural/ethnic backgrounds. |
| <input type="checkbox"/> Adults             | Any in particular? _____                                      |
| <input type="checkbox"/> Individuals        |   |

How did you hear about this program?

- [ ] Newspaper Specify: \_\_\_\_\_ [ ] Radio Advertisement  
 [ ] Flyer: \_\_\_\_\_ [ ] Friend  
 [ ] Other: \_\_\_\_\_ [ ] DFM Staff or Volunteer: \_\_\_\_\_



# Volunteer Application

Why would you like to volunteer for the Denver Firefighters Museum? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain through your experience as a volunteer? \_\_\_\_\_

\_\_\_\_\_

What do you enjoy most in a volunteer assignment? What do you wish to avoid? \_\_\_\_\_

\_\_\_\_\_

Describe any skills or experience you have that you feel would benefit the Museum.

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact:**

Please list two persons that could be contacted in case of an emergency.

Name

Home Phone

Work Phone

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please return to:**

Denver Firefighters Museum  
1326 Tremont Place  
Denver, Colorado 80204  
303-892-1436