CAM RALEIGH

Volunteer Application Form

○ MS. ○ MR. ○ MRS.

NAME

STREET ADDRESS

CITY STATE ZIP

CELL PHONE HOME PHONE WORK PHONE

EMAIL ADDRESS

PREFERRED METHOD of CONTACT:

○ Cell Phone. ○ Home Phone ○ Work Phone ○ Email

CURRENT MEMBER of CAM RALEIGH:

○ Yes. ○ No

EMERGENCY CONTACT:

NAME RELATIONSHIP

PRIMARY NUMBER

PREFERRED AVAILABILITY:

	M	T	W	T	F	S	S
MORNING [11AM-1PM]	☐	☐	☐	☐	☐	☐	☐
MID-DAY [1-3PM]	☐	☐	☐	☐	☐	☐	☐
AFTERNOON [3-5PM]	☐	☐	☐	☐	☐	☐	☐
EVENING [7-9PM]	☐	☐	☐	☐	☐	☐	☐

INTEREST AREAS:

○ ADMINISTRATIVE:
○ ADMISSIONS/VISITOR SERVICES
○ ARTISTS GALLERY
○ COLLECTIONS/CURATORIAL
○ DEVELOPMENT
○ EDUCATION
○ EVENTS
○ GENERAL OFFICE WORK
○ MARKETING + COMMUNICATION
○ MUSEUM STORE
○ EXHIBIT INSTALLATION
○ ALL OF THE ABOVE

OTHER NOTES: