VOLUNTEER APPLICATION

Please send application to:
LBJ Museum of San Marcos
P.O. Box 3
San Marcos, TX 78667

_____
Name Date of Birth

_____
Address City State Zip

_____
Daytime Phone Evening Phone Mobile Phone

_____
E-mail Address

Area(s) of Volunteer Interest: _____ Docent (Tour Guide) _____ Special Events

_____ Exhibit Curation _____ Archives _____ Reference

_____ Development/Membership _____ Publicity/Marketing _____ Finance

_____ Education & Interpretation _____ Public Programs _____ Facilities Maintenance

_____ Oral Histories _____ Conservation _____ Website

Availability: ____ Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat ____ Sun

Circle: am pm am pm am pm am pm am pm am pm am pm

How often would you prefer to volunteer at the museum? _____

Education Background: Name of School Degree Dates Attended

_____

_____

Work and/or Volunteer Experience:

Employer Position Dates City, State Phone Supervisor

_____

_____

_____

Special Skills or Interests: _____

_____

Describe any special skills, talents, and goals that you would contribute as a museum volunteer:

_____

_____

_____

References: Name Relationship Telephone

_____

_____

I certify that the information provided is true and correct, and I release the Lyndon Baines Johnson Museum of San Marcos, its officers, agents, and employees from any liability associated with the processing of this application.

_____

Signature Date

For Office Use Only:

This applicant is interested in a volunteer position in the areas of: _____

_____

_____

Please review or document other submitted materials: _____

_____

_____

Interview Date: _____ Time: _____ Interviewer:_____

Notes: _____

_____

Volunteer Start Date: _____ Expected End Date: _____