



# Volunteer Application Yale Peabody Museum

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peabody.volunteers@yale.edu

|                            |                      |
|----------------------------|----------------------|
| *** For Office Use Only*** |                      |
| Parking Permit #           | _____                |
| Date Issued                | _____ Returned _____ |
| Data ID Number             | _____                |
| Assignment                 | _____                |
| Badge Requested            | _____                |
| Start Date                 | _____                |

## APPLICATION— *please print*

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle Initial)

Current Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip +4 \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

GENDER  Male  Female      AGE  Under 18  64 and under  65 and over  
 ETHNICITY  African American/Black  American Indian  Asian  Caucasian/White  
 Hispanic/Latino  Other/Multiple

*This information is collected for use in grant applications and reporting. Providing this information is completely voluntary.*

I give permission for my name, address and/or e-mail to be put on a general mailing list to receive any mailings from other Peabody departments.    Address: Yes  No     E-mail: Yes  No

Emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

NOTE: Participants may be photographed for educational, archival, and public relations purposes for the Peabody.

**I agree to hold Yale University, its agents, officers, employees and volunteers harmless from any liability, loss, expense or claim for injury or damages arising from my participation in this program.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are under 18, please provide: Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents of volunteers under 18 must complete and sign a "Consent to Treatment" form.

## AVAILABILITY

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Total hours per week you want to volunteer \_\_\_\_\_

|    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM |        |         |           |          |        |          |        |
| PM |        |         |           |          |        |          |        |

## SKILLS / EXPERIENCE / ABILITIES / LANGUAGES

Have you ever applied to be a volunteer or been employed in a museum before? Yes  No

If yes, please list your experience:

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

Please describe your employment experience and any education or background you have.

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Please describe any natural history or science, or any people-related experience, you have.

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Are you fluent in another language, please list? \_\_\_\_\_

Do you have any allergies or physical or other disabilities that would involve special placement? Yes  No   
If so please describe:

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## REFERENCES

List two persons who will be happy to give a reference on your behalf:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## VOLUNTEER PLACEMENT

Is there anything else you would like to tell us about yourself that will help us in placing you in the appropriate volunteer position?

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What would you like to do as a volunteer?

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