Volunteer Application
Yale Peabody Museum
P.O. Box 208118 • 170 Whitney Avenue
New Haven, CT 06520-8118
(203) 432-3731 • Fax (203) 432-6575
peabody.volunteers@yale.edu

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

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 __________

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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.

____________________________________________________________________________________________

____________________________________________________________________________________________

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

____________________________________________________________________________________________

____________________________________________________________________________________________

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:

____________________________________________________________________________________________

____________________________________________________________________________________________

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?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

What would you like to do as a volunteer?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________