



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.

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?
