



## Volunteer Application

At the Bob Bullock Texas State History Museum volunteers play an important role in the visitors' experience. Thank you for your interest in becoming part of the Museum's volunteer team!

Date: \_\_\_\_\_

### How can we contact you?

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Daytime/Work Phone: \_\_\_\_\_ Evening/Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### How would you like to help?

I am interested in the following volunteer opportunities (check all that apply):

- Administrative Volunteer:** Utilize your organizational and office skills to help Museum staff with a variety of administrative projects.
- Docent Volunteer:** Demonstrate your public speaking skills and interest in Texas history to serve as a tour guide for adult visitors.
- Education Volunteer:** Demonstrate your teaching skills to facilitate educational programming to school-age children.
- Special Events Volunteer:** Assist with the Museum's many events including exhibit openings, previews and member events.
- Visitor Services Volunteer:** Use your interpersonal skills to welcome visitors and provide them with Museum information.

### When can you volunteer?

I am available to volunteer (circle shifts):

Sun	Mon	Tue	Wed	Thurs	Fri	Sat
	9am-12pm	9am-12pm	9am-12pm	9am-12pm	9am-12pm	9am-11am
12pm-3pm	12pm-3pm	12pm-3pm	12pm-3pm	12pm-3pm	12pm-3pm	11am-1pm
3pm-5pm	3pm-5pm	3pm-5pm	3pm-5pm	3pm-5pm	3pm-5pm	1pm-3pm
						3pm-5pm

## **Tell us about yourself.**

1. Why do you want to volunteer at the Bob Bullock Texas State History Museum?

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2. Where have you volunteered previously? What were your responsibilities?

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3. What do you hope to learn from your volunteer experience?

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4. What special skills, talents or interests will you share with other Museum volunteers, staff and visitors?

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5. What work or life experience(s) will you bring to your volunteer experience?

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6. How did you hear about the Volunteer Program at the Museum?

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## **Provide a reference.**

Please list one reference (a professional colleague, friend, etc. - not a family member)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Return your application.**

**Please mail your completed application to:**

Volunteer Services  
The Bob Bullock Texas State History Museum  
P.O. Box 12874  
Austin, TX 78711  
Fax: (512) 936-4699

**For more information, please contact:**

the Volunteer Services Department (512) 936-4634 or  
volunteers@TheStoryofTexas.com.

**Affidavit**

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED.

1. I understand that I am applying for an at-will, unpaid volunteer position.
  
2. I hereby certify that the statements on this application, as well as those on any attachment(s) to this application, are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from the Volunteer Program.
  
3. I authorize you to communicate with all of my former employers, schools, officials, and persons named as references. I hereby release all employers, schools, officials and individuals from any liability that may result from responding to any internship, background check and/or reference inquiries that may be performed in relation to this application.
  
4. I understand that the State Preservation Board, the agency of which the Bob Bullock Texas State History Museum is a division, will contact the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.

Please provide us with your full name and date of birth.

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*Applicant's Full Name*

*Date of Birth*

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*Applicant's Signature*

*Date*