



Volunteer/Intern Application

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering/interning with us. Please attach a resume (if you have one) with your work and education history.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer (if applicable) _____

Occupation _____ Work Phone _____ May we call you at work? Y N

Email _____

Emergency Contact Name: _____ Relationship _____

Emergency Contact Phone Number: _____

Are you currently a student? Y N

If yes, where do you currently attend? _____

What grade/year are you in school? _____

What is the highest level of education you have completed, if no longer a student?

Do you speak any languages other than English? Y N If yes, _____.

How did you hear about volunteering with us? _____

What type of work would you like to do here?

- | | |
|---|--|
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Events |
| <input type="checkbox"/> Data Entry/Word Processing | <input type="checkbox"/> Copying/Filing/General Office |
| <input type="checkbox"/> Docent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grantwriting | |

Why do you want to volunteer here? _____

What skills, knowledge or training do you wish to utilize here? _____

What do you hope to gain from your experience at the Dallas Holocaust Museum/Center for Education and Tolerance? _____

List any other volunteer experiences. (Where? When? What did you do there?)

My three main interests are:

1. _____

2. _____

3. _____

My top three skills are:

1. _____

2. _____

3. _____

Time Commitment

Days/Evenings/Weekends that work best for me at this time:

Please list times available.

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

How often can you volunteer? (For example, once a month, weekly, daily.) _____

Please provide 2 personal or professional references.

Name	Relationship	Daytime Phone	Email Address

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions): _____

Please tell us anything else about you that we should know:
