



(314) 746-4599 • www.mohistory.org

Today's Date _____

Missouri History Museum
in Forest Park
Library and Research Center
225 S. Skinker Blvd.

General Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____ Best Time to Call _____

E-mail Address _____ Fax _____

Areas of Interest

We have various areas which need volunteers. Different positions require different levels of training. Position descriptions and their required training will be discussed in a PRE-VOLUNTEER INTERVIEW with a member of our Volunteer Services staff. Based on your personal preference, rank in order the positions below (#1, #2, etc.). This will not lock you into a position, just help us prepare for your interview and placement.

____ VISITOR SERVICES ____ MUSEUM SHOP ____ EDUCATION ____ DOCENT PROGRAM
____ COLLECTIONS/ARCHIVES ____ LIBRARY ____ PUBLIC PROGRAMS ____ MEMBERSHIP
____ VOLUNTEER SERVICES ____ SPECIAL EVENTS ____ GENERAL SERVICES ____ HUMAN RESOURCES
____ EXHIBITIONS ____ ACCOUNTING ____ COMMUNICATIONS

Do you prefer to be ____ behind the scenes or ____ working with the public?

Availability

Please indicate your availability preferences. All positions require serving two 4-hour shifts per month but scheduling is flexible.

Best Time _____ Best Day _____

Please turn application form over

Experience



Current Employment Status: Full-time _____ Part-time _____ Retired _____ Student _____

Position/Title/Field _____

Current Volunteer Position(s) _____

Previous Volunteer Position(s) _____

Have you volunteered for the Missouri History Museum in the past? yes no

If yes, when and in what capacity? _____

Education, Training, Special Skills



Please list your educational background as well as other training or skills which may assist you in your volunteer activities.
PLEASE ATTACH A RESUME.

Do you have computer skills? Please list. _____

Do you speak a foreign language? Please list. _____

Do you know American Sign Language? yes no

References



Please provide us with two academic and/or professional references. PLEASE DO NOT INCLUDE RELATIVES.

Name _____ Phone _____

Name _____ Phone _____



Thanks for your interest in lending a hand at the Missouri History Museum.
Please return this completed application to:

Missouri History Museum • Volunteer Services
P.O. Box 11940 • St. Louis, MO 63112-0040

