



# Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability (Please list the hours you are available)

\_\_\_\_\_Monday    \_\_\_\_\_Tuesday    \_\_\_\_\_Wednesday    \_\_\_\_\_Thursday  
\_\_\_\_\_Friday    \_\_\_\_\_Saturday    How many hours per week or month total?: \_\_\_\_\_

## Education and Experience (Please list any education or work experience or hobbies that would be relevant to volunteering at DAAHA)

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## References (Please list two references)

Name_____	Name_____
Relationship_____	Relationship_____
Years Known_____	Years Known_____
Phone_____	Phone_____
Email_____	Email_____

## Why Do You Want to Volunteer at DAAHA?

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# DeKalb Area Agricultural Heritage Association, Inc.

## How Did You Hear About DAAHA?

Internet Search       School       Facebook  
 Booth at a Fair/Fest       Blog       Other (please specify) \_\_\_\_\_

## What Volunteer Opportunities Are You Most Interested In?

*(Please rate your interest 1-9, with 1 being the most interest)*

Exhibit Design and Installation       Exhibit Research and Proposals  
 School Program Development       School Program Outreach (Presentations)  
 Collections Processing       Fundraising/Grant Writing  
 Media Outreach       General Volunteer       Docent

## Signature

By submitting this application, I am giving DAAHA permission to contact me regarding volunteer opportunities.

Name (Sign and Date)	
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