



INTERNATIONAL POLICE MUSEUM

Rockaway Beach, Oregon

VOLUNTEER APPLICATION

Date of Application _____

Full Legal Name _____

Home # _____ Cell # _____

E-mail Address _____

Physical Address _____, City _____, State _____, Zip _____

How long have you lived at this address: _____

Mailing Address _____, City _____, State _____, Zip _____

Occupation _____ Education _____

Applicable Skills/Knowledge _____

DOB _____
DL# _____

Can you carry 40+ lbs Y N Can you stand 2-4 Hrs Y N

Which Volunteer position(s) are you interested in? (Check all the apply)

Historian/Info Gift Shop Cleaning Handyman Event Support Deliveries

How/Where did you hear about this Volunteer opportunity? _____

Why do you want to volunteer for IPM? _____

Are you currently volunteering for anyone else? N Y Who? _____

What hours can you work? Weekdays: A.M. _____ P.M. _____

Weekends: A.M. _____ P.M. _____

REFERENCES

Name _____ Phone _____ E-Mai _____

How do you know this person? _____

Name _____ Phone _____ E-Mai _____

How do you know this person? _____

Name _____ Phone _____ E-Mai _____

How do you know this person? _____

Do you know anyone who might be interested in volunteering?

Name _____ Phone _____ E-Mai _____

How do you know this person? _____

I acknowledge that my submission of this application is also my consent to a background search.

Signed _____ Date: _____