

Charles M. Schulz Museum
Volunteer Application

Please return this form to:
Volunteer Director
Charles M. Schulz Museum
2301 Hardies Lane
Santa Rosa, CA 95403
Kristi@SchulzMuseum.org
FAX: 707.579.4436

Personal Information

Name: (Mr./Mrs./Ms./Miss) _____ Date: _____
Address: _____
City: _____ State: __ Zip: _____ E-mail (print): _____
Phone (home): _____ (work, if appropriate): _____ (cell): _____
Date of Birth: _____ Who is your favorite *Peanuts* character: _____

References and Previous Volunteer Experience

Employer (if applicable): _____ Phone #: _____
Personal Reference Name: _____ Phone #: _____
Personal Reference Relationship: _____
Previous Volunteering Experience: _____

How did you hear about our Volunteer Program? _____

Here's How I Can Help (please check boxes)

- | | |
|--|--|
| <input type="checkbox"/> Greeter | <input type="checkbox"/> Docent Tour Guide |
| <input type="checkbox"/> Gallery Monitor | <input type="checkbox"/> Education Tour Guide |
| <input type="checkbox"/> Education Room Supervisor | <input type="checkbox"/> Docent Tour Guide Assistant |
| <input type="checkbox"/> Cartoon Class Instructor | <input type="checkbox"/> Membership Assistant |
| <input type="checkbox"/> Office support | <input type="checkbox"/> Curatorial & Museum Artifacts Assistant |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Research Center Assistant |
| <input type="checkbox"/> Audio Visual Technician | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Computer Skills: _____ | Preferences (if any): _____ |

Days/Hours Available: _____

Emergency Contact

Name _____ Phone (home): _____ (other): _____
Relationship _____

Interview date: _____

Start date: _____

