

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: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (home): _____ (work, if appropriate): _____
E-mail (print): _____ Cell Phone: _____
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)

Greeter	Docent Tour Guide
Gallery Monitor	Education Tour Guide
Education Room Supervisor	Docent Tour Guide Assistant
Cartoon Class Instructor	Membership Assistant
Office support	Curatorial & Museum Artifacts Assistant
Special Events	Research Center Assistant
Audio Visual Technician	Other: _____
Computer Skills: _____	Preferences (if any): _____

Days/Hours Available: _____

Emergency Contact

Name _____ Phone (home) _____
Relationship _____ Phone (other) _____
Volunteer Signature _____ Date _____

Please leave blank
Interview date:
Start date:

