

Become a Volunteer

Name *

Address *

City *

State * ?

Zip *

Home phone *

Cell phone

In case of emergency please contact:

Name *

Phone

Relationship ?

Cell

What interests you? * ?

Reception Desk/Museum Store ?

Library ?

Office ?

Marketing ?

Special Events ?

Cataloging ?

Youth programs

Do you prefer to work *

Days available to volunteer * ?

Monday ?

Tuesday ?

Wednesday ?

Thursday ?

Friday ?

Saturday ?

Sunday

Hours _____

Hours per week _____

Regularly each week?

Education Completed

Special skills

Ever been convicted of a felony?

Comments

Accept terms * ?

Yes

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I understand that all information will be considered confidential to the fullest extent allowed by law. I understand that I may be subject to fingerprinting and a criminal background check if required by New York State law.

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