



# VOLUNTEER APPLICATION

Please fill out and return to First Amendment Museum, 184 State St, Augusta, ME 04330 or email to [connect@firstamendmentmuseum.org](mailto:connect@firstamendmentmuseum.org)

## Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Volunteer Interests

*What is your preferred time investment?*

- Scheduled Weekly
- On Call (I can help when I have time)
- Not Sure Yet
- Other: \_\_\_\_\_

### *Availability*

- Year-Round
- Summer
- Winter
- Other: \_\_\_\_\_

*Days available (Select all that apply)*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

*What are you interested in doing at the museum? (Select all that apply)*

- Interpreter
- Research Assistant
- Other: \_\_\_\_\_



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## About You

*Tell us about yourself.*

*Why are you interested in volunteering at the First Amendment Museum?*