

## MUSEUM OF TEXAS TECH UNIVERSITY VOLUNTEER APPLICATION

The purpose of this application is to help us help you. By giving us the following information, you allow us to place you in a rewarding and appropriate volunteer experience.

Application Date		—	
Name			
Address			
City, State, Zip			
Home Phone	Best time to Call		
Business Address			
Home Phone	Best time to Call		
E-mail Address			
Emergency contact/phone			
Date of Birth (if under 18 years of age	)*		
*Parent/Guardian Signature (if appli	cant is under 1	8 years of age)	
Education: High School Degree(s)/Major(s):			
Previous Volunteer Experience:			
Other relevant experience/special skill			

## **AVAILABILITY**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## **INTERESTS**

In which area of the volunteer program are you most interested?

Education	
Moody Planetarium Operator	
Anthropology Division	
Museum Science Research Library	
Ethnology / Textiles Division	
Paleontology Division	
Office	
Exhibits	
Lubbock Lake Landmark	
Natural Science Research Laboratory	

Tell us about yourself and why you would like to volunteer at the Museum:

Name and number of a personal reference:

How did you hear about our volunteer program?\_\_\_\_\_

Please return application to:

Education Division Museum of Texas Tech University P.O. Box 43191 Lubbock, TX 79409 - 3191