

OREGON AFRICAN AMERICAN MUSEUM

VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE _____ WORK: _____ CELL: _____

Have you been convicted of a felony within the past five years? _____ YES _____ NO

If yes, please explain: _____

Would you submit to a background check? _____ YES _____ NO

Are you a student: _____ YES _____ NO What school do you attend? _____

What Grade or year are you in? _____ Have you done volunteer work at another nonprofit? _____ YES _____ NO

If yes, where and what did you do? _____

What type of work would you like to do here? _____ Computer _____ Exhibits _____ Floaters _____ Greeter
_____ Office Clerical _____ Receptionist _____ Research _____ Speakers Bureau _____ Staging _____ Tutor-
Youth Enrichment Program _____ Volunteer Coordinator

List any hobbies or interests: _____

What skills, training or knowledge do you wish to utilize here? _____

Why do you want to volunteer with OAAM? _____

Are you available to volunteer between the hours of _____ 8:00 a.m.- 1 p.m. _____ 1 p.m.- 6:00 p.m. or later

During which day of the week: (____)Monday (____)Tuesday (____)Wednesday (____)Thursday
(____)Friday (____)Saturday (____)Sunday

If you have a disability, what accommodations would you require to do this volunteer position? _____

What training resources or support do you anticipate needing to do this volunteer work? _____

NOTICE: All applications will be reviewed. Additional information will be requested in writing for applicants accepted for further review. You may print and return to: Oregon African American Museum, 117 Commercial Street NE, Suite 210, Salem, OR 97301. **THANK YOU FOR SUBMITTING YOUR APPLICATION FOR REVIEW**