



VOLUNTEER APPLICATION

Name _____ Male _____ Female _____

Date _____ Phone _____

Address _____

Street

City

Zip

Email _____ 18 Years or Older? YES NO

Full-time Resident _____ Part-time Resident _____

Months Available to Volunteer _____

Days Available (circle) Mon Tue Wed Thur Fri Sat Sun Times Available _____

Relevant Experience: _____

Areas of Interests: _____ Special Events (weekends and evenings)
_____ Marketing
_____ Administrative

What are your special interests in volunteering at Women's Sport Museum? _____

Contact in case of emergency: _____ Phone: _____

Relationship to Applicant: _____

Please Complete and Return to:

Women's Sports Museum

PO Box 987, Sarasota FL 34230

Or email application to: info@womenssportsmuseum.org