
MONROVIA HISTORICAL MUSEUM

Volunteer Application

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City Zip Code

Cell: _____

Email: _____ DOB: _____

In case of an Emergency, Contact:

Name: _____ Phone number: _____

Why are you interested in volunteering?

List Any Previous or Current Volunteer Experience:

Organization	Position/Major Responsibility	Dates of service (yy/mm)	
		From:	To:
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Education/Work Experience:

High School/College: _____

Work: _____

Please list two (2) references:

1. Name: _____

Phone: _____ Email: _____

How long have you known this reference? _____

2. Name: _____

Phone: _____ Email: _____

How long have you known this reference? _____

Please note that the Museum may conduct a background check. Your signature is consent to the background check.

Signed: _____

Date: _____

Please submit via email monroviahistoricalmuseum@gmx.com or mail to Monrovia Historical Museum P.O. Box 2359 Monrovia, CA 91017 or in person at the museum: 742 E. Lemon, Monrovia 91016. You can call (626) 357-9537 if you have questions.