



**Sarasota Classic Car Museum
Application for Volunteer Service**

Date of Application: _____

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone (day): _____ (evening) _____

Cell Phone: _____ Email: _____

Education Level: High School ___ Tech School ___ College ___ Graduate School ___

Employer: _____ Occupation: _____

Skills, Interests, Hobbies: _____

Time of day available: Daytime _____ Evenings _____ Weekend _____

What days would you be available? SU ___ M ___ T ___ W ___ TH ___ F ___ SA ___

Please indicate activities you feel you would be interested in volunteering:

Docent ___ Fund Raising ___ Museum Gift Shop ___ Clerical ___ Housekeeping ___

Archives ___ Admissions ___ Special Events ___ Auto Shows ___ Grounds/Maint ___

Membership ___ Education ___

Do you have any physical limitations that need special consideration (lifting,

standing, physical activities): _____

Emergency Contact Info:

Name: _____

Address: _____

Phone #: _____

Relationship: _____