



**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: \_\_\_\_\_