

DATE _____

Application Received
Interview: _____
REF. #1 _____
REF. #2 _____
BC: _____
Constituent ID: _____

The National Agricultural Center and Hall of Fame

VOLUNTEER APPLICATION

LAST NAME _____ FIRST NAME _____ MI _____

Other names you have used _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ FAX _____

E-MAIL _____ BIRTHDAY (Year Optional) _____

Check appropriate blank(s): employed unemployed student retired

Employer/School _____ Phone _____

Title/Position _____ May we contact if necessary? yes no

Have you been convicted of a crime within the last seven years? yes no

Emergency Information

Emergency Contact _____ Relationship _____ Phone _____

Preferred Doctor & Hospital _____ Doctor's Phone _____

Do you have any health or physical limitations that could affect your volunteer assignment? yes no If yes, please explain:

How did you first learn about our Volunteer Program?

Visiting the Agricultural Hall of Fame? yes no Friend/Family Member? yes no

High School, College, Employer, Church/Synagogue, Community Organization, Internet Site (indicate which one)

Name _____ Phone _____

Previous or current volunteer experience _____

What do you want to get out of your volunteer experience? _____

Education background, hobbies, or special interests _____

What is your experience dealing and working with the public? _____

Signature

Date

Return application to:

Send electronically to:

National Agricultural Center & Hall of Fame · 630 N. 126th Street · Bonner Springs KS 66012

info@aghalloffame.com

**COMPLETE THIS FORM
AND RETURN IT WITH
YOUR APPLICATION**

The National Agricultural Center and Hall of Fame VOLUNTEER SERVICES APPLICANT SURVEY

I. In which area(s) of the Museum Center would you be interested in volunteering?

Administrative

- Data Entry/Typing
- Office Administration
- Reception/Phones

Museum Advancement

- Marketing
- Public Relations
- Membership
- Visitor Services

Building & Grounds

- Gardening
- Maintenance
- Mowing
- Machinery Repair
- Cleaning

Curatorial

- Cataloging
- Preservation
- Research

Museum Store

- Sales/Cashier

Other Special Projects

- Exhibit Construction
- Painting
- Other _____

Education

- Docents, Interpreters, Tour Guides
- Children's Programs
- Living History

Special Events

- Event Day
- Event Planning
- Work Booth at Outreach

II. Special Skills

- Computer
- Newsletter Production
- Photography
- Addressing/Mailings

- Public Speaking
- Education
- Guest Relations
- Fundraising

- Languages
- Plant/Animal Care
- Event Coordination
- Other: _____

III. Please indicate names, phone numbers and relationship of any Ag Hall volunteers or employees with whom you are acquainted, or check blank. none

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

IV. Are you currently an Ag Hall member? yes no

V. Day/Time Availability

I am interested in working _____ hours per week/month.

Days Available	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Exceptions to availability (List dates and time only, do not include reasons):

Name of Applicant (Print) _____

Signature _____

Date _____