



# Volunteer Application

Please complete and return this application to:

Carver Museum  
1165 Angelina Street  
Austin, TX 78702  
Attn: Jennifer Rangubphai

Or email to [Jennifer.Rangubphai@austintexas.gov](mailto:Jennifer.Rangubphai@austintexas.gov)

# George Washington Carver Museum and Cultural Center Volunteer Application

-----  
Date

-----  
Name

-----  
Date of Birth

-----  
Address

-----  
City, State & Zip

-----  
Home Phone

-----  
Work Phone

-----  
e-mail address

-----  
Regular Occupation

-----  
Current Work Schedule

**Please check the days and times that you are available to volunteer:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

What is the total number of hours you are available to volunteer per month? -----

*\*Note- a minimum 3 hour per month commitment is preferred.*

**Please check the month(s) that you will be available to volunteer:**

☐ January    ☐ February    ☐ March    ☐ April    ☐ May    ☐ June  
☐ July    ☐ August    ☐ September    ☐ October    ☐ November    ☐ December

How did you hear about this volunteer opportunity? -----  
-----  
-----

## EXPERIENCE

Please list any relevant skills, hobbies, special qualifications, areas of interest or special training. This may include work experience or volunteer experience. Add additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Please list each university, college, trade school, business school, or correspondence school:

1. School \_\_\_\_\_ Dates in Attendance \_\_\_\_\_  
Course or Major \_\_\_\_\_ Degree or Credits \_\_\_\_\_
2. School \_\_\_\_\_ Dates in Attendance \_\_\_\_\_  
Course or Major \_\_\_\_\_ Degree or Credits \_\_\_\_\_
3. School \_\_\_\_\_ Dates in Attendance \_\_\_\_\_  
Course or Major \_\_\_\_\_ Degree or Credits \_\_\_\_\_

Languages (other than English): 1. \_\_\_\_\_ ☐ Speak ☐ Write ☐ Read

2. \_\_\_\_\_ ☐ Speak ☐ Write ☐ Read

Other Licenses / Certifications (PARD recommends certification in First Aid and CPR):

---

---

Why would you like to volunteer at the Carver Museum?

---

---

---

\_\_\_\_\_ (if needed attach additional page)  
**PERSONAL DATA**

Emergency Contact (list name, address, and phone number):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any existing medical conditions or limitations? ☐ No ☐ Yes

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? ☐ No ☐ Yes

If yes, please list all offenses and state date, name of court and deposition. You may omit minor violations for which you paid a fine of \$50 or less.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

I certify that I have made no willful misrepresentation in this application, and that I have not withheld information in my statements and answers to questions. I am aware that the information I have given in my application will be investigated with my full permission and that any misrepresentations may cause my application to be rejected or may cause dismissal if I am placed before such misrepresentations are discovered. I am also aware that my application is subject to the open records act (Article 6252-17A, V.T.C.S.) and may be released as a public document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The City of Austin does not discriminate on the basis of religion, race, color, national origin, gender, age, or handicap in admission or access to, treatment or employment in its programs and activities. Problems may be directed to: Heather Griffin, City of Austin, PARD, P.O. Box 1088, Austin, Texas, 78767; (512) 433-6728.

***FOR OFFICE USE ONLY***

Interviewer \_\_\_\_\_

Date of Interview \_\_\_\_\_

**PLACEMENT**

Volunteer Area \_\_\_\_\_

Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Reason (if any) \_\_\_\_\_

Folder Made: ☐ Yes ☐ No

Name Added To:

- ☐ Rolodex
- ☐ Mailing List
- ☐ Volunteer Roster
- ☐ Badge Made

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



GEORGE WASHINGTON  
**CARVER**  
MUSEUM & CULTURAL CENTER

