



Volunteer Application

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: (____) _____

I would like to volunteer:

As often as possible Special Events only Once a month Once a week

I am available:

Weekends Weekdays During the day Evenings

I would be interested in volunteering for the following special events (check all that apply, this is not a commitment):

July 4th Celebration Annual Fundraiser Halloween Candlelight Stroll
 Fall Festival Garden Clean-up

I would be interested in volunteering for the following departments

(check all that apply, this is not a commitment):

Archaeology Development Education Horticulture
 Office Curatorial Marketing Restoration

Experience/Skills that you would like to volunteer to the Museum:

Office/Computer Skills Mailings Photography Writing Skills
 Teaching Other: _____

Prefer to work with:

Adults Children All Ages

Hobbies/Interests:

Drama Photography Archaeology Connoisseurship
 Reading Gardening Antiques Research
 Geology Sewing Knitting Crafts
 Black Smith Pottery Teaching Other: _____

Are you interested in receiving information about becoming a museum member?

Yes No, not at this time I'm already a member

I am at least 18 years of age or older.

Thank you! Please return this form to:

Alena Shellenbean
Manager, Special Events and Volunteers
Strawbery Banke Museum
PO Box 300
Portsmouth, NH 03802-0300
Tel: 603-828-2979
ashellenbean@strawberybanke.org