VOLUNTEER APPLICATION

Please send application to: LBJ Museum of San Marcos P.O. Box 3 San Marcos, TX 78667

Name		Date of Birth				
Address		City	State	2	Zip	
Daytime Phone	Evening Phone		Mobile Phone			
E-mail Address						
Area(s) of Volunteer Interest:	Docent (Гour Guide)	S	pecial Even	ts	
Exhibit Curation	Archives		R	eference		
Development/Membership	Publicity/Marketing		Finance			
Education & Interpretation	Public Pr	rograms	F	acilities Ma	intenance	
Oral Histories	Conservation		Website			
Availability: Mon Tues	Wed	Thur	Fri	Sat	Sun	
Circle: am pm am pm	am pm	am pm	am pm	am pm	am pm	
How often would you prefer to volunteer	at the museum?	·				
Education Background: Name of School	ool	Degree	ree Dates Attended		Attended	
Work and/or Volunteer Experience:						
Employer Position D	Oates City, State		Phone S		upervisor	
Special Skills or Interests:						

Describe any s	pecial skills, talents	, and goals that you	would contribute	as a museum volunteer:
References:	Name	Rel	ationship	Telephone
Baines Joh	nson Museum o		s officers, agent	and I release the Lyndon s, and employees from any
Signature				Date
	e Use Only: cant is interested	in a volunteer p	osition in the ar	eas of:
				ver:
Volunteer	Start Date:		Expected End	Date: