



**Parks, Culture & Recreation
Manassas Museum**

Please email completed application to rgoldberg@manassasva.gov

Name: _____

Address: _____

Phone: _____ **Email:** _____

When are you available to volunteer? (Check all that apply)

Weekdays ___ Weekends ___ Daytime ___ Evenings ___ Never on _____

What languages are you fluent in other than English? _____

Please indicate if you have experience, skills, or interests in any of the following areas:

| | | | | | |
|--------------------------|--------------------|--------------------------|---------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Anthropology | <input type="checkbox"/> | Data Collection | <input type="checkbox"/> | History Research |
| <input type="checkbox"/> | Archaeology | <input type="checkbox"/> | Decorating/Design | <input type="checkbox"/> | Historic Interpretation |
| <input type="checkbox"/> | Art/ Art History | <input type="checkbox"/> | Early Childhood Education | <input type="checkbox"/> | Photography/Video |
| <input type="checkbox"/> | Clerical | <input type="checkbox"/> | Environment/Nature | <input type="checkbox"/> | Public Speaking/Theater |
| <input type="checkbox"/> | Community Outreach | <input type="checkbox"/> | Exhibit Prep/Collections | <input type="checkbox"/> | STEM |
| <input type="checkbox"/> | Customer Service | <input type="checkbox"/> | Genealogy | <input type="checkbox"/> | Teaching/facilitating |

Please list any additional skills, hobbies, trainings or certifications you have:



**Parks, Culture & Recreation
Manassas Museum**

Please use the space below to tell us why you are interested in volunteering for Parks, Culture and Recreation.

Agreement and Signature

By submitting this volunteer application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a museum volunteer, any false or misleading statements, omissions, or other misrepresentations made by me on this application, may result in my immediate dismissal.

Name (printed) _____

Signature _____ **Date** _____