

Promenade at Lighthouse Point #200 ~ Staten Island, New York 10301 ~ 718-390-0040 www.lighthousemuseum.org ~ info@lighthousemuseum.org

VOLUNTEER APPLICATION

| Name: | |
|--------------------------------------|---|
| Address: | |
| Phone: | Email: |
| In case of emergency notify: | |
| Relationship: | Phone: |
| Do you have any allergies or medical | concerns we should be aware of? If so, please explain |
| Education: (degrees/majors/relevan | t coursework): |
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| Work experience: | |
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| Previous/ | current vol | unteer experie | ence: | | | |
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| pecial in | terests, act | ivities, etc: | | | | |
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| n a briof | ctatement | discuss the kir | nd of work w | ou hone t | to do with t | ho Musoum |
| n a briei | statement, | discuss the kir | iu oi work y | ou nope | | ne iviuseum. |
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| When wo | uld you pre | efer to work? | | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| | | | | | | |
| Signature | | | | | | Date |

Please return completed form to Celestina Cuadrado, Curator and Site Manager at ccuadrado@lighthousemuseum.org or mail to the museum:

National Lighthouse Museum
Promenade at Lighthouse Point #200,
Staten Island, NY 10301
Attn: Celestina Cuadrado