

BEAD MUSEUM
400 Seventh Street NW, Washington DC 20004

**VOLUNTEER
REGISTRATION FORM**

We ask for the following information for two reasons: to provide us contact information, and to help us plan appropriate and satisfying project work for you among the many volunteer services opportunities there are at the Museum. Your cooperation in completing this form is very much appreciated.

Name _____ Date _____
 LAST (please print) First Middle I.

Home Address: _____

City _____ State _____ Zip _____ - _____

Office Telephone: _____ Home Telephone: _____

Best time to call: _____ Worst time to call: _____ FAX (Home/Office) _____

E-mail: _____

Place of Employment _____

Position/Title _____ Circle one: Full-time / Part-time

Education (degree or diploma and date) _____ Specialization _____
(If you are a student, please indicate institution, level of study, and contact person)

Special skills, training, interests or hobbies: _____

I am available to serve at the Museum at the following times:

Circle all that apply: M T W Th F Sat. Sun Preferred Times _____

My particular interests in beads center around (check all that apply):

- | | | |
|--|------------------------------|-------------------------|
| hosting visitors | publicity | special programs: _____ |
| bead identification/
classification | gift shop | administrative _____ |
| bead research | book sales | assistance _____ |
| exhibits | book cataloguing | other: _____ |
| education and outreach
programs | bead stringing and
design | _____ |
| | fund raising | _____ |

Continued overleaf

1. What experience have you had with peoples and objects from other cultures?

2. What experience do you have with beads?

3. Are you currently involved in other volunteer programs? If so, do what?

4. Do you speak any languages other than English? If, so which?

5. Please note any special aspects or limitations to your service.

6. How did you hear about us? Who referred you to the Bead Museum?

References (name, title, relationship, and phone number):

1.)

2.)

Please submit this to:

By Mail:

Bead Museum
Attn: Volunteer Coordinator
400 Seventh Street NW
Washington, DC 20004

By Email: info@beadmuseumdc.org (Subject: Volunteer Application)

By Fax: 202-624-0488 (Attn: Volunteers)