



### VOLUNTEER SIGN-UP FORM

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (CELL) \_\_\_\_\_ (HOME) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMERGENCY CONTACT (NAME) \_\_\_\_\_ EMERGENCY CONTACT (PHONE) \_\_\_\_\_

The following are the available areas for which we may be seeking volunteer assistance.

*Please check one or more of the areas in which you are interested.*

- Docent
- Programs & Events
- Office Support
- Visitor Services

Please check if applicable:

Exceptional Handwriting Skills or Calligraphy (for addressing invitations)

Additional Languages: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Sales Experience: \_\_\_\_\_

Additional Qualifications, Special Skills, etc.: \_\_\_\_\_

\_\_\_\_\_

**MAIL TO:**

Gibbes Museum of Art, Volunteer Coordinator, 135 Meeting Street, Charleston SC 29401

**OR FAX TO:** 843.720.1682

**INTERNAL USE ONLY**

RECEIVED \_\_\_\_\_

REPLY \_\_\_\_\_

METHOD \_\_\_\_\_

135 MEETING STREET  
CHARLESTON, SC 29401  
843.722.2706  
GIBBESMUSEUM.ORG

