



419 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301
PHONE: (850) 681-7881
FAX: (850) 681-7000
STAFF@RILEYMUSEUM.ORG
WWW.RILEYMUSEUM.ORG

Volunteer Application

Thank you for your interest in Volunteering at the John Gilmore Riley Center & Museum!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Are you a member of any of the following online social networking services?
(check all that apply)

- Facebook
- Twitter
- Instagram
- Other (please specify): _____

Do you require any special accommodations due to physical disabilities, allergies, or other health concerns? If so, please describe:

Education

High School: _____ Date of Graduation: _____

Undergraduate College: _____

Degree earned field of study/major: _____

Please circle to indicate your age group below:

Senior (65+)

Adult (19+)

Youth (11-18)

Employment (if a resume is available, please submit with application)

o Past or o Present Employer: _____

Position Held: _____

Type of Business: _____

Do you have previous volunteer experience? If so please describe:



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Do you have any special skills you feel would benefit the Riley Museum?
E.g. computer skills, tours, artistic, fundraising, etc.

Why do you want to volunteer at the Riley Museum?

Please circle to let us know what area/areas you are most interested in:

Public Programming/Special events:
Event tours, public programs, children's activities

Visitors Services:
House tours, Admissions, selling of production materials, reception/host/hostess duties

Availability

Please indicate the times and days you are available to volunteer

10 am to 1 pm Monday Tuesday Wednesday Thursday Friday

1 pm to 4 pm Monday Tuesday Wednesday Thursday Friday

10 am to 2 pm Saturday

When can you start? _____

In case of emergency, please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to you: _____

Your Signature: _____ Date: _____

Youth Volunteer: _____

Parent Signature: _____ Date: _____



JOHN G. RILEY
CENTER / MUSEUM

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Type, print, fill out, and mail to:
John Gilmore Riley Center/Museum
419 East Jefferson Street, Tallahassee, Florida 32301
Or fax: 850.681.7000
Or email to membership@rileymuseum.org

For office use only

Date of the interview: _____ Interviewer: _____

Assignment: _____

Supervisor: _____

Notes: _____