

South Carolina Confederate Relic Room and Military Museum Volunteer Program Application

Please type or print.

Contact Information

Name _____ Date _____

Current Address _____ City _____

State _____ Zip _____ Email Address _____

Home Phone _____ Other Phone _____

Permanent Address (if applicable) _____

Emergency Contact:

Name _____ Relationship _____ Phone # _____

Previous Experience

Volunteer Experience:

Work Experience:

Educational Background:

General Information

Hobbies/Special Interests:

Skills:

Computer Skills _____

Sign Language _____

Foreign Languages (please specify) _____

How did you hear about volunteering at the SCCRRMM?

- The museum website
- The Regimental Courier (e-newsletter)
- A museum staff member
- A friend or relative
- Other _____

Why are you interested in volunteering at the SCCRRMM?

Days you are able to volunteer _____

Total hours per week you are available _____

Best time to reach you (morning or afternoon) _____

References (please do not list family members)

Name _____ **Telephone** _____

Name _____ **Telephone** _____

Note: Participants may be photographed for educational, archival, and public relations purposes for the South Carolina Confederate Relic Room and Military Museum.

Signature _____ **Date** _____