

# Santa Monica History Museum

1350 7th Street, Santa Monica, CA 90401 | (310) 395-2290 | [santamonicahistory.org](http://santamonicahistory.org)  
[info@santamonicahistory.org](mailto:info@santamonicahistory.org)



## Volunteer Application

### Your information

Name (first & last): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email

### Your background

Employer/school: \_\_\_\_\_

Address: \_\_\_\_\_

Title/position/year: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

### Your availability

Monday From: \_\_\_\_\_ To: \_\_\_\_\_ Friday From: \_\_\_\_\_ To: \_\_\_\_\_

Tuesday From: \_\_\_\_\_ To: \_\_\_\_\_ Saturday From: \_\_\_\_\_ To: \_\_\_\_\_

Wednesday From: \_\_\_\_\_ To: \_\_\_\_\_ Sunday From: \_\_\_\_\_ To: \_\_\_\_\_

Thursday From: \_\_\_\_\_ To: \_\_\_\_\_

*The museum's public hours are Thursday 2-5pm, and Friday-Sunday 11am-5pm, with some special events in evenings.*

### How many hours do you plan to volunteer?

\_\_\_\_\_ Hours per week \_\_\_\_\_ Hours per month \_\_\_\_\_ Special events

How long do you plan to volunteer? \_\_\_\_\_

### How did you become interested in the Santa Monica History Museum Volunteer Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### What volunteer areas are of interest to you?

*Areas include visitor & event services, docenting/tours, research/archives, social media, photo digitization/cataloging, administrative support, fundraising, oral history interviewer:*

\_\_\_\_\_  
\_\_\_\_\_

### Please list any other experience, skills, qualifications, or professional associations that you believe could be of benefit to the Museum:

\_\_\_\_\_  
\_\_\_\_\_

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**Languages spoken (other than English):** \_\_\_\_\_

**References**

*Please name two people not related to you who have knowledge of your work/volunteer experience within the last three years. If this does not apply, then provide school or personal references who are not related to you.*

**1<sup>st</sup> Reference**

Name (first & last): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

**2<sup>nd</sup> Reference**

Name (first & last): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years known: \_\_\_\_\_

**Questionnaire**

Have you ever used or been known by any other name? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_\_

Have you ever been dismissed from any other volunteer program? \_\_\_\_\_

**You may attach a resume, if so desired.**

I agree to hold as absolutely confidential all privileged and/or sensitive information, which I may obtain directly or indirectly, concerning the "Museum", its guests, and staff (including employees and volunteers), I agree that my services are donated to the "Museum" without contemplation of compensation or future employment.

I certify that the answers given by me to the foregoing questions and statements are true, correct, and without omissions. I authorize the Santa Monica History Museum ("Museum") to investigate and/or verify the foregoing information and any other information which might assist it in determining my qualifications for volunteering. I release the "Museum" and my former employers and all others from liability from damage which may result from such investigation, if upon such investigation, anything contained in this application is found to be untrue. I further agree to comply with all policies and procedures, as well as safety practices in all areas of the "Museum" I understand that my volunteer status may be terminated at any time for failure to comply with policies and procedures of the "Museum," including those of the volunteer program; for absence without notification; for reasons of unsatisfactory attitude, work, personal appearance, and/or for any other circumstances which, in the judgment of the "Museum", would make my continued service as a volunteer contrary to their best interests.

ANY PERSON WHO GIVES FALSE INFORMATION WILL BE SUBJECT TO IMMEDIATE DISMISSAL FROM THE VOLUNTEER PROGRAM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_