

The **House**
of the
Seven Gables



**115 Derby Street
Salem, MA 01970
978.744.0991
7gables.org**

Volunteer Application Form

Thank you for your interest in volunteering at The House of the Seven Gables. Volunteer service is a valuable asset in achieving the institution's goals of preservation, education and social service. Each department has its own needs for volunteers and those needs and tasks often vary from season to season. We will be in touch with you to discuss current and future need for volunteers at the museum. In order to identify places where your skills will best be suited, we ask you to complete the following form.

PERSONAL INFORMATION

Full Name _____
Last First MI

Address _____
Number Street PO Box

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Mobile Phone (_____) _____ Email: _____

Name of person to contact in case of illness or injury while on duty:

Name Phone Number Relationship

Education

If you are a student, school currently attending

Name of School Grade/Year

City State

If not a student:

_____	_____	_____
High School	City / State	Years attended / Diploma
_____	_____	_____
College	City / State	Years attended / Degree

Course of Study		

Previous Experience

Do you have prior volunteer experience? Yes _____ No _____
If yes, please list.

Organization	City/State	Job	Dates worked
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we call these organizations for a reference? Yes _____ No _____

Please list other work experience (other than volunteer work):

Organization / Company	City/State	Job	Dates worked
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we call these organizations for a reference? Yes _____ No _____

What general skills or experience do you have?

Please check all that apply:

Skill/Experience	Yes	No	Skill/Experience	Yes	No
Computer	_____	_____	Gardening	_____	_____
Clerical	_____	_____	Calligraphy	_____	_____
Musical Instrument	_____	_____	Other: _____	_____	_____

- Do you know sign language? _____ If yes, are you certified? _____
- Do you know a foreign language? _____ If yes, which Language? _____
Fluent or conversational? _____

Volunteer Opportunities

Please indicate your area of interest(s):

Curatorial Dept. _____ Clerical / Administration _____

Settlement House _____ Membership / Development _____ Visitor Services _____

Museum Shop _____ Education _____ Gardens _____

Please check any computer skills you have:

_____ Microsoft Word _____ Excel _____ Internet

_____ Mail Merges _____ PowerPoint _____ Raisers Edge

How did you hear about volunteering at The House of the Seven Gables?

Do you know any volunteers or paid staff at the museum?

Are you currently a member of The House of the Seven Gables?

_____ If no, have you been in the past? _____

What do you hope to gain from volunteering at a museum?

Reference

Please list the names of two (2) personal or professional references below.

1) Name of reference: _____
Business _____ Personal _____

Address: _____

Telephone Number: _____

2) Name of reference: _____
Business _____ Personal _____

Address: _____

Telephone Number: _____

Schedule Availability

In order to coordinate schedules, please complete the following.

Date available to begin volunteering: _____

Total number of hours per week you are interested in volunteering? _____

Please enter the hours you are available:

	Morning	Afternoon
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Is there any time when you are not ever available? _____

Thank you for applying to be a volunteer at The House of the Seven Gables!

Please return this form to:

Amy R. Waywell
Director, Visitor Services
The House of the Seven Gables
115 Derby Street Salem, MA 01970
(978) 744-0991 ex. 126