Volunteer Application

Name______________________________________________________________

Last __________ First __________ Middle Initial __________

Address: __________________________________________________________

City ___________________ State ___________________ Zip code __________

Preferred telephone number: ________________________________

Have you ever been a docent before?    Y    N

Have you ever worked or volunteered for a non-profit?        Y         N

Fields of Interest: please check one or more of the following

Admissions Desk____    Collections/Archaeology____

School Tours____        Special Events____

Historic Photographs/Archives ______

Other________________________ (please describe)

Please list the times you are available:

Please bring the application in person to the museum or email it to lostcity@nevadaculture.org