African American Heritage Museum of Southern New Jersey

Volunteer Application

Contact Information

Name
Street Address
City ST ZIP Code
Home Phone
Cell Phone
E-Mail Address

I would like to volunteer at the:

___ Atlantic City Location (Noyes Arts Garage)  ___ Newtonville Location (MLK Community Center)

Availability

During which hours are you available for volunteer assignments?

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Interests

What Volunteers Do

These functions may be combined in various ways depending on the skills of the volunteers.

___ Front Desk
___ Deliveries/Set up (Traveling Museum)
___ Events
___ Social Media/Outreach/Marketing
___ Fundraising
Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience
Summarize your previous volunteer experience.

Person to Notify in Case of Emergency
Name
Street Address
City St Zip Code
Home Phone
Cell Phone
E-Mail Address

Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)
Signature
Date

Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Mailing address:
African American Heritage Museum of Southern NJ
Noyes Arts Garage
2200 Fairmount Avenue
Atlantic City, NJ 08401

Phone: (609) 350 – 6662
Website: aahmsnj.org
Email: rhunter@aahmsnj.org