

Volunteer Program Application

Thank you for your interest in volunteer service at the Wiregrass Museum of Art! Your time and talent are valuable resources and are genuinely appreciated!

Tell us more about YOU! Please complete the following information and return it to WMA, email it at education@wiregrassmuseum.org or mail to P.O. Box 1624, Dothan, 36302.

Name		
Address	City	State
Zip Phone	Email	
Email is the primary method of communication	tion.	
Are you beyond the age of 16? □Yes □No If you are a student, which school/university do	you attend?	
Tell us what your goals for volunteering are:		
Are you a writer? Do you garden? Are you a re are you willing to share with WMA?	etired accountant or teacher? What speci	al skills, experiences and talents
With which organizations have you volunteere	d in the past?	
Do you have any special needs or limitations?		
How many hours can you give weekly	? Monthly?	
Which times are you available? ☐ mornings	☐ afternoons ☐ evenings ☐ Sa	aturdays
☐ Check here if you prefer to volunteer for a Saturday Family Day, school tours, summer car		e. Yard Party for Art, First
☐ Check here if you would be interested in le arranging for a caterer or multiple food vendor	•	ole, overseeing other volunteers,
Volunteers who will be working with children, sensityour approval. Are you willing to have your backgroup yes □ no		ackground check, which requires