

Volunteer Application



440 East Hill Rd. PO Box 2
Austerlitz, NY 12017
518-392-3362
Millay.org

Contact Information

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

Availability

During which hours are you available for volunteer assignments? (Check all that apply)

- | | | |
|---|---|---------------------------|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings | Days/Dates NOT Available: |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons | |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings | |

Interests

Tell us in which areas you are interested in volunteering in or have experience with. (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Library | <input type="checkbox"/> Teacher/Lecturer | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Events | <input type="checkbox"/> Gift Shop Volunteer | <input type="checkbox"/> Property/Grounds Maintenance |
| <input type="checkbox"/> Literary/Poetry | <input type="checkbox"/> Typing/Sorting | <input type="checkbox"/> Visual Arts |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> History | <input type="checkbox"/> Local History |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Music | <input type="checkbox"/> Other: |
| <input type="checkbox"/> House Museums | <input type="checkbox"/> Travel | |
| <input type="checkbox"/> Docent: House | <input type="checkbox"/> Retail Background | |
| <input type="checkbox"/> Docent: Gardens | <input type="checkbox"/> Cataloguing/Curatorial | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or foreign languages spoken, computer program knowledge, etc.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

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

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

For Submittal

Please submit the completed form to:

By Mail:

The Edna St. Vincent Millay Society
Att: Martha Raftery
PO Box 2, Austerlitz, NY 12017

By Fax: 518-392-3766

By Email: Scan completed document and email to: martha@millay.org

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