

FRANKLIN G. BURROUGHS-SIMEON B. CHAPIN  
**ART MUSEUM OF MYRTLE BEACH**

## Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Day Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Transportation? \_\_\_\_\_

Special Skills, Talents and Languages: \_\_\_\_\_

How did you become interested in the Art Museum's volunteer program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assignments Preferred:

Reception Desk  Museum Shop  Docent

Newsletter  KidsArt  Maintenance

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Applicable Experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hours Available:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Do you have any limitations to health or physical ability? If so, please explain.  
(**Note**, you do not need to reveal health information, only the work  
limitations relevant to voluntary assignments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail this application to:  
Franklin G Burroughs-Simeon B. Chapin Art Museum,  
Attention: Casey Church  
3100 South Ocean Boulevard  
Myrtle Beach, SC 29577.