



Volunteer Information

Name: _____ Date: _____

Address: _____

Phone: _____ Cell: _____

E-mail: _____

1. Occupation (if currently a student, please indicate the school you are attending):

2. What motivated you to volunteer for JAMSj? _____

3. Please indicate personal interests/hobbies. _____

4. Were you and/or members of your family interned?

Who? _____

Where? _____

5. Please indicate any other information about yourself. _____



6. Special talent(s): (including other languages spoken) _____

7. Days available: _____

8. Hours available: _____

9. Please mark area(s) of interest:

- | | | |
|--|---|---|
| <input type="checkbox"/> Docent | <input type="checkbox"/> Museum Store | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Speaker | <input type="checkbox"/> Fund Development | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Event Assistant | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Exhibit Construction | <input type="checkbox"/> Construction Support | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> IT Support | <input type="checkbox"/> Office/Clerical |
| <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Transcribing | <input type="checkbox"/> Mailing | <input type="checkbox"/> Library |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Website | |
| <input type="checkbox"/> Photography/Videography | Other: _____ | |

Please return completed form to:

Volunteer Coordinator
535 N. 5th Street
San Jose, CA 95112
(408) 294-3138

E-mail: volunteercoord@jamsj.org