



Stepping Stones Museum for Children

Volunteer Information Sheet (attach resume if available)

Date: _____ Title: Mr Mrs Ms Birthday (month and day only) _____

Name _____
First Middle Last Nickname

Home Address _____
Street City State Zip

Best day/time to reach you: _____

Check the best way to reach you:

- _____
Email
- _____
Cell phone
- _____
Home phone
- _____
Work phone

How did you learn about Stepping Stones? Flyer Internet Local resident
 Friend/Family Newspaper Other _____

Volunteer Interests

Please indicate your interest level (0-5) in the following volunteer activities: (0 = no interest to 5 = high interest)

Committee Activities:	Education:	Fundraising Events:
Community Gardens Spring/Fall	Gallery Explorations	Golf Tournament
Holiday Happenings	School and Group Tours	Step Out Wine Tasting
Development (Fundraising)	Workshops	Annual Gala
Marketing and Communications	Resource Center	
Education (programming)	Series Classes	

For volunteer activities that require driving to off-site outreach events:

Do you have a valid Connecticut driver's license? Do you also have a current car insurance policy?

Time Commitment

Please indicate your availability for volunteering: 1 day/week 2 days/month Other:

Indicate your weekly availability	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please be specific when responding unless you have attached a resume.

Current Employer or School (name and location) _____

Current Occupation _____

