



**MARIN MUSEUM  
OF BICYCLING**



FAIRFAX, CALIFORNIA

## **Volunteer Application**

Thank you for your interest in volunteering with us at the museum! We are an all-volunteer organization so volunteers are the vital heart of our operations.

Please fill out the form as completely as possible and note that questions with a red asterisk (\*) are required.

We respect and safeguard your privacy and we will never share or sell your information. If you would rather download a paper application form, [click here](#).

**Date of Application**

**Name of Applicant**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

**Applicant's E-mail**

\_\_\_\_\_

**Applicant's Preferred Phone**

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Phone Number

**Applicant's Address**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## YOUR AVAILABILITY

Let us know when you would like to volunteer. Regular museum hours are Thursday-Sunday 11am-5pm. Other days and times can be arranged for office and/or facilities work. Note: Weekend special events may have extended hours into the evenings, and we do schedule some evening events.

Please check the boxes below for the shifts you are interested in. You may pick more than one shift, but keep in mind that reliability in the shifts you pick is more important than a high number of shifts.

### Thursday

10:30am-2:00pm

2:00pm-5:30pm

10:30am-5:30pm

Evening events >5

### Friday

10:30am-2:00pm

2:00pm-5:30pm

10:30am-5:30pm

Evening events >5

### Saturday

10:30am-2:00pm

2:00pm-5:30pm

10:30am-5:30pm

Evening events >5

### Sunday

10:30am-2:00pm

2:00pm-5:30pm

10:30am-5:30pm

Evening events >5

### Other shift (specify)

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## AREAS OF SERVICE

Tell us which areas you are interested in working. We need volunteer help in many different departments, so you may choose more than one. Our preference is to have volunteers apply for work in a given area that they have some prior experience in. Of course, training will be provided in our own specific museum procedures and requirements.

## REGULAR MUSEUM STAFFING

Front Desk: Greeter and Admissions / Gift Shop sales

Docent Guide & Educator (Inc. Front Desk duties)

Gift Shop (Inc. Front Desk and Inventory management)

## ARCHIVING/RESEARCHING

Scanning, cataloging & storing photos, books, magazines, etc.

Researching bicycling history for special projects & enhancing museum collections.

COMMUNICATIONS / COMPUTER / OFFICE

- Audio/Video system maintenance and expansion (You Tube, Pandora, customer files.
- Database data entry, event postings, misc. maintenance.
- Email and social media campaigns (Mailchimp, Facebook, Instagram, etc.

DEVELOPMEN

T

- Fundraising
- Grantwriting
- Marketing

EVENTS / OUTREACH

- Planning
- Organizing
- Setup/Cleanup
- Photography
- Audio/Visual
- Promotions
- Valet Parking

FACILITIES MAINTENANCE

- Carpentry
- Electrical
- Metal Fab

LIST OTHER SKILLS

ABOUT YOU

PREVIOUS VOLUNTEER EXPERIENCE

SPECIAL EDUCATION OR OTHER QUALIFICATIONS

**REFERENCE #1** Please submit a *professional* reference (work associate, teacher, etc.)

**Name**

**Relationship**

First Name

Last Name

**COMPANY/ORGANIZATION NAME**

**Work Phone**

**Cell Phone**

Area Code

Phone Number

Area Code

Phone Number

**Notes about Reference #1**

**REFERENCE #2** Please submit a *personal* reference (not a family member or museum board member)

**Name**

**Relationship**

First Name

Last Name

**Home Phone**

**Work Phone**

**Cell Phone**

Area Code

Phone Number

Area Code

Phone Number

Area Code

Phone Number

**Notes about Reference #2**

**PRIMARY PERSON TO NOTIFY IN CASE OF EMERGENCY**

**Name**

**Relationship**

First Name

Last Name

**Work Phone**

**Cell Phone**

Area Code

Phone Number

Area Code

Phone Number

**E-mail**

**Notes about emergency contact**

**GENERAL QUESTIONS OR COMMENTS**

**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my dismissal.

**Applicant's Signature. If you are under 18 years old, a parent or guardian must complete the next section.**

**Parent/Guardian approval signature. To be completed by the parent or guardian only if applicant is under 18.**

**Parent/Guardian Name**

**Date**

First Name

Last Name

Month

Day

Year

**Parent/Guardian E-mail**



## Parent/Guardian Phone

Area Code

Phone Number

### OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, ethnicity, religion, national origin, gender, sexual preference, age or disability.

When you click the Submit button below, a copy of your form entries will be emailed to the applicant and parent/guardian if applicable. You may also print the form.

Thank you for completing this application. Should you have any questions, please feel free to contact us.

Marin Museum of Bicycling and Mountain Bike Hall of Fame  
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415-450-8000 | [volunteers@mmbhof.org](mailto:volunteers@mmbhof.org) | [www.mmbhof.org](http://www.mmbhof.org)

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