VOLUNTEER APPLICATION

Thank you for your interest! Volunteers are a major component in the success of the National Cowgirl Museum and Hall of Fame. Once this application is submitted, the NCMHOF staff will be in contact with you to set up a time to meet and share more information about volunteer opportunities. Hiring is contingent on a completed application and a background check. All information is confidential.

CONTACT INFORMATION				
Full Name:				
Home Address:				
City:	State:	Zip Code:		
Home Phone Number:		Cell Phone:		
Email:				
DEMOGRAPHIC INFORMAT The National Cowgirl Museu through a partnering school	m and Hall of Fame does not a	accept volunteers under the age of 18 unless it is		
Are you at least 18 years ol	d? Yes No			
How did you hear about us	?			
NCMHOF Website	Friend or Family Membe	Advertisement		
Facebook 🗌	Word of Mouth	Other:		
EMERGENCY CONTACT				
Name:	Rel	Relationship:		
Home Phone Number:		Cell Phone:		
AREAS OF INTEREST Please indicate the areas yo	u are interested in volunteerir	ng.		
Administrative	Archive/Library 🗌	Docent/Education Department		
Gift Shop	Membership	Special Events		

What inspired you to volunteer at the National Cowgirl Museum and Hall of Fame, and how does its mission to honor and celebrate women, whose lives exemplify the courage, resilience, and independence that helped shape the American West apply to you?
EDUCATION
Highest degree/level completed:
What was your area of study?
<u>SKILLS</u>
Please list any languages spoken, skills, training, or special interests.
VOLUNTEER EXPERIENCE
Please tell us about your previous volunteer experiences.
AVAILABILITY Volunteers are essential to the daily running of the NCMHOF. Volunteering at the Museum involves a commitment of time and effort. Some departments may only have availability 9 AM – 5 PM, Monday-Friday.
Days: Monday Tuesday Wednesday Thursday Friday Weekends No preference
Times: 9 AM – 1 PM 1 PM – 5 PM All Day No Preference
"I agree" I hereby certify that this application contains no misrepresentations or falsifications and the information given is true and complete to the best of my knowledge.
Applicant's Signature: Date:



Background Check Release

I, the undersigned, do hereby authorize the National Cowgirl Museum and Hall of Fame to do a criminal background check in the counties of the State of Texas or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

CONTACT INFORMATION			
Applicant's Name (Print):			
	(First, Middle, and Last)		
Driver's License Number:		State Issued:	
Social Security Number:		Date of Birth:	
Home Address:			
City:	State:	Zip Code:	
Applicant's Signature:			
Date:			

Please return your completed application and background check release form to:

E-mail: hwilson@cowgirl.net

Fax: 817.336.2470

Mail: 1720 Gendy St. Fort Worth, TX 76107