



Adult Volunteer Application Form

Name _____ Home Phone _____

Address _____ Cell Phone _____

Work Phone _____ E-mail address _____

Best time to reach me _____ Best way to reach me _____

I am interested in volunteering...

Days of the week _____

Time of the day _____

Approximate hours per week _____

Preferred Job:

_____ Tour Guide

_____ Special events

_____ Gift Shop

_____ Committee level

_____ Clerical

_____ Elementary

School programs

Other, let us know _____

In case of an emergency, please contact...

Name _____

Phone _____

Relationship _____

Please send applications to:

**The Toy Town Museum
PO Box 238
East Aurora, New York 14052**

Your information will be kept confidential and not shared with other organizations.