Mark Twain Museum Volunteer Program

Last Name:	First Name:	MI:
Address:	City:	State:
Email Address:	Phone:	
At what times do you desire to vo	olunteer? Please check all that apply:	
□ Spring □ Summer □ Fall □ W	Vinter ☐ All ☐ Specific Months	
Approximate number of hours yo	u would like to volunteer per week?	
What are your areas of interest re	garding volunteering? Please check all that a	pply:
☐ Gift Shop ☐ Greeting Guests ☐	☐ Programs (i.e. set-up, refreshments) ☐ Ada	missions Special Projects
☐ Curator Assistant ☐ Gardening	g □ Friends of the Mark Twain Museum (i.e.	. fundraising)
☐ Other		
Have you volunteered previously	at the museum? ☐ Yes ☐ No	
In what capacity?		
Are you 17 years of age or under	? □ Yes □ No	
	ast be over the age of 15. Volunteers age 17 a r time. This may be a parent or guardian, teach	
Volunteer Benefits		
 Spring & Fall Volunteer 		
• 15% discount in the Mus	• •	
Free copy of the MuseurScholarship and Resume	n's newsletter, The Fence Painter	
•	people from around the globe	
Please tell us why you would like	to participate in the Mark Twain Museum V	olunteer Program:
		_

Mission Statement

"The Mission of the Mark Twain Home Foundation is to promote awareness and appreciation of the life and works of Mark Twain and to demonstrate the relevance of his stories and ideas to the citizens of the world."