



Volunteer Registration Form

Education, Friends, and Visitor Services

Date of Application: _____

Personal Information

Legal Name: _____

DOB: (year not necessary if over 18) ____/____/____

Preferred Name: (For name tag) _____ Phone Number: _____

Email Address: _____

Correspondence will be through email, including volunteer calendars & requests

Areas of Interest/Volunteer Opportunities

Visitor Services

- Information Desk
- Gift Shop / Cash Register
- Docent / Exhibit Tour Guide
- Woodworking / Building
- Gardening / Landscaping
- Exhibit Advisory Committee

Education

- Solo Teaching → Teach on your own
- Assistant Teaching → Assist Katy with classes
- Education Class Prep → Prep arts & crafts, packets, etc.
- Research → Classes, exhibits & programming
- Social Media Assistance / Posting Program Information
- Outreach → Helping Katy with classes at schools/festivals

Friends of the Museum

- Fundraising Events → Set-up, break-down, helping sell tickets, etc.
- Subcommittee → Long Range Planning, Fundraising, Special committees as needed
- Outreach Volunteer → Assisting with representing the Friends, set-up, break-down, shift work

Answer All That Apply

Do you like working on the computer? YES NO
Do you like being: INSIDE OUTSIDE
Are you able to assist with: TRIPS MUSEUM ONLY
What age group do you to prefer to work with: 4 - 6 yrs. 7 - 12 yrs. 14 - 17 yrs. 18+ ALL
Available Days: Tuesday Wednesday Thursday Friday Saturday Flexible

Emergency Contact

Contact Name: _____ Relationship: _____

Address: _____ State: _____ Zip: _____

Preferred Phone: _____ Secondary Number: _____

Please Continue on the Reverse →



Volunteer Registration Form

Education, Friends, and Visitor Services

Volunteer Agreement

I agree that the museum staff can call **911 in the event of an emergency** and may authorize the physician to provide emergency care in the event that neither I, nor my alternate contact can be reached immediately. *If under 18, parent or guardian please sign:*

Signature: _____ Date: _____

I agree to allow photographs taken during museum programs or events to be used in publications, newsletters, electronic media, or other promotional materials for the NC Maritime Museum at Southport or the NC Department of Natural and Cultural Resources. If under 18, parent or guardian please sign:

Signature: _____ Date: _____

As the parent / guardian of _____, I/we give permission for him/her to volunteer at the NC Maritime Museum at Southport. We understand that our child will be transported in the museum van by a staff member during certain programs.

Signature: _____ Date: _____

FOR VOLUNTEERS UNDER 18

Parent/Guardian Name(s): _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Please CHECK this box if the parent / guardian wants to be copied on emails.

Please return to:

The NC Maritime Museum at Southport
204 East Moore Street
Southport, NC 28461

Visitor Services Coordinator
Kristan Phillips
Kristan.Phillips@ncdcr.gov

Curator of Education
Katy Menne
Katy.Menne@ncdcr.gov

Friends Administrator
Bob Springle
southportfom@gmail.com