

Volunteer Application

| | <u>D</u> : | ate: |
|--|-----------------------|------|
| Name: | | |
| Address: | | |
| City/State/Zip: | Phone (home): | |
| | Phone (work or cell): | |
| | E mail: | |
| | L main | |
| | | |
| Interest in the Japanese American Museum | of Oregon: | |
| | | |
| | | |
| Professional/volunteer background: | | |
| | | |
| | | |
| | | |
| Hobbies/interests: | | |
| | | |
| Skills: | | |
| | | |
| | | |
| Dates/times available: | | |