



Office of Parks,  
Recreation and  
Historic Preservation



## VOLUNTEER APPLICATION FORM

Please fill out the form below and return to:

The Olana Partnership | PO Box 199 | Hudson, NY 12534

E-mail: [volunteers@olana.org](mailto:volunteers@olana.org) | Phone: 518.828.1872 | Fax: 518.822.1877

TODAY'S DATE \_\_\_\_\_

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Are you over the age of 18?    YES    NO

### AVAILABILITY (Please indicate the times you would be available to volunteer)

DAY	TIME
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

#### How often are you able to volunteer?

Regular Commitment:

Weekly     Bi-Weekly     Monthly

OR

Ad-hoc (special events, short-term tasks, etc.)

### POSITIONS OF INTEREST (Please check all that apply)

TOUR GUIDE		ROOM GUIDE		MUSEUM STORE	
AMBASSADOR		ADMINISTRATIVE		OTHER (PLEASE SPECIFY)	
SPECIAL EVENTS		EDUCATION			

**WORK EXPERIENCE**

EMPLOYER	DATES	SUPERVISOR CONTACT	POSITION

**VOLUNTEER EXPERIENCE**

LOCATION	DATES	WORK PERFORMED

**EDUCATION**

HIGH SCHOOL   ASSOCIATES   BACHELOR   MASTERS   DOCTORATE  
College attended \_\_\_\_\_ Major \_\_\_\_\_

**REFERENCES**

NAME	RELATIONSHIP	CONTACT INFORMATION

*Thank you for considering volunteering at Olana. We will be in touch with you soon.*