



**FILE COPY**

**The Great Blacks In Wax Museum, Inc.**  
**1601-03 East North Avenue**  
**Baltimore, MD 21213**

**Volunteer Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_  
\*\*\*\*\*

**Work Experience:**

Company \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Employment from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of Employment from: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Reason for Leaving \_\_\_\_\_

**Why do you want to volunteer with us?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Position Desired:** \_\_\_\_\_ **Circle Days Available:** S M T W T F S **Start Date:** \_\_\_\_\_

**Professional References:**

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Ph. # \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Ph. # \_\_\_\_\_