



The Sophienburg

New Braunfels Archives and Museum of History

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City, State, Zip: _____

Telephone: Home _____ Alternate _____

E-mail: _____ Birthday (Mo/Day) _____
(We would like to e-mail our newsletters and other important news.)

Any allergies or special medical conditions? _____

In case of an emergency contact: _____

Telephone: Home _____ Alternate _____

Check area(s) of service in the Museum & Archives that interest you:

- | | |
|---|--|
| <input type="checkbox"/> Artifact Collection | <input type="checkbox"/> Sophie's "Sew"-ers |
| <input type="checkbox"/> Cataloging | <input type="checkbox"/> Sophie's Shop |
| <input type="checkbox"/> Education / Docent | <input type="checkbox"/> Special Exhibits |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Special Projects/Events |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Photo Collection | <input type="checkbox"/> Weihnachtsmarkt |
| <input type="checkbox"/> Reflections (Oral History Program) | (Annual Christmas Market fundraiser) |

Please indicate special interests: _____

I also volunteer at: _____

Education, previous work experience, computer skills (none required), special skills/talents: _____

Days and time available: (1) _____ (2) _____ (3) _____

Please mail this Volunteer Application to The Sophienburg at the address below:

Rev. 26 Aug 09