



The Tipton County Museum,  
Veterans Memorial & Nature Center  
751 Bert Johnston Ave.  
P.O. Box 768  
Covington, TN 38019  
(901) 476 – 9596

## Volunteer Application Form

### General Information

Please include at least one phone number where we can reach you during business hours and an email address that you check frequently. Your information is confidential.

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

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

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

City, State, Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_  OK to call me here

Work phone: \_\_\_\_\_  OK to call me here

Cell phone: \_\_\_\_\_  OK to call me here

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Emergency Contact

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

### Capabilities

Please list any physical limitations you may have. (difficultly standing, walking, hearing etc.)

\_\_\_\_\_

Please list any professional skills or abilities you possess that might be valuable to the museum.

\_\_\_\_\_

Please list any special interest, hobbies or skills you possess that might be valuable to the museum.  
(Professional experience is NOT required)

\_\_\_\_\_

\_\_\_\_\_

### Occupation

If you are currently employed, please provide the name and address of your company or business, and your SUPERVISOR'S contact information. If you are a student please provide the name and address of your school and your education level.

If you are NOT currently employed, please indicate if you are retired, a homemaker, etc. You need not duplicate your own contact information.

Employer: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Availability**

The Tipton County Museum is open to the public Tuesday – Friday 9:00 AM – 5:00 PM and Saturdays from 9:00 AM – 3:00 PM. Some special events and activities are scheduled at times other than the regular museum operating hours. Please indicated the days and time periods that you are generally available to serve.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

Please provide any additional information regarding your availability in the space below.

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**Personal References**

List two non-family references who have known you for at least one year. Please provide at least one phone number for each reference.

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Email address: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Email address: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**Waiver and Release of Liability**

In consideration of being allowed to volunteer my services at the Tipton County Museum, Veterans Memorial and Nature Center, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless Tipton County Museum, Veterans Memorial and Nature Center, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

Signature of Applicant

Date

Please return this signed and completed form to the Tipton County Museum, Veterans Memorial and Nature Center either in person or via the U.S. postal service.

**Thank you for your interest in the Museum and we will be in touch!**

Barrie Foster, Director  
[bfoster@covingtontn.com](mailto:bfoster@covingtontn.com)

Liz Newman, Program Coordinator  
[lnewman@covingtontn.com](mailto:lnewman@covingtontn.com)