



TEN CHIMNEYS VOLUNTEER APPLICATION

Date _____

Name _____

Address _____

City/State/ Zip Code _____

Home Phone _____ **Mobile Phone** _____

Email _____ **Date of Birth** _____

EMERGENCY CONTACT

Name _____ **Best Phone** _____

Relationship to You _____

BACKGROUND:

How did you learn about Ten Chimneys?

Have you toured Ten Chimneys?

Do you have any specific skills you feel would benefit Ten Chimneys (e.g. computer skills, teaching, gardening, artistic degrees in related areas)?

Do you have previous volunteer experience? If so, please describe.

When do you prefer to volunteer? (Please check all that apply)

Mornings Mon Tuesday Wed Thurs Fri Sat Sun

Afternoons Mon Tuesday Wed Thurs Fri Sat Sun

Do these times change based on the season?

If yes, Please specify _____

Please check all of your preferred volunteer areas:

TOURS:

- Full Estate Tour Docent
- Full Estate Tour Shadow
- Agriculture and Grounds Tour Docent
- Agriculture and Grounds Tour Shadow

PRESERVATION:

- Cleaning of the Estate
- Sewing
- Polishing Silver
- Research Projects

OTHER:

- Evening Programing
- Office Volunteers
- Preservation
- Gardening

What physical/medical limitations should be taken into consideration when arranging volunteer assignments for you?

Please send this completed form to info@tenchimneys.org or mail to Ten Chimneys at:

Ten Chimneys Foundation, PO Box 225, Genesee Depot, WI 53127