



Children's
Museum
of St. Johns

Volunteer Information & Questionnaire

FOR OFFICE USE:	
<input type="checkbox"/>	Database
<input type="checkbox"/>	CC
<input type="checkbox"/>	Contact
<input type="checkbox"/>	Comm. Ref.
Notes: _____	

Name

Title

Company Name (if applicable)

Address (circle one: home • business)

City, State & Zip Code

Daytime Phone

E-mail Address

Would you be interested in being a:

- Committee member
- Donor
- Exhibit volunteer
- Other _____

Please check here if you would like to receive CMSJ's e-newsletter.

Would you be interested in helping with:

- Fund raising
- Site planning
- Marketing
- Exhibit and Program Planning
- Education
- Other _____

Tell us about yourself! What are your talents, interests, and/or background.

Who else should we contact about CMSJ? Please include name, address, and e-mail, if known!
