



**Tipton-Haynes Historical Association  
 2620 South Roan St. Johnson City, TN 37601  
 P.O. Box 225 Johnson City, TN 37605  
 (423) 926-3631     tiptonhaynes@embarqmail.com**

## Volunteer Application

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Last Name                                  First Name                                  Birth Date                                  Male/Female

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Home Address

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City    State    Zip

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Home Phone                                  Cell Phone                                  Email

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Emergency Contact                                  Phone    Relationship

What days and times are you most likely to be available?

	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings					
Afternoons					

What months are you typically available to volunteer?

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

As a volunteer, what are your specific interests?

- Workshops                 
  Special Events                 
  Maintenance                 
  Internship (College or Graduate)
- Public Relations                 
  Office Support                 
  Summer Camp/ School Groups                 
  Other

What is the best way to contact you? How much prior notice do you need?

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List previous work or volunteer experience that may be relevant:

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List any Colleges or Universities attended, degrees, and major fields of study:

School \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

School \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Other \_\_\_\_\_

If you are a high school student, please provide:

School \_\_\_\_\_ Grade \_\_\_\_\_ City/Town \_\_\_\_\_

Please read all of the information carefully and sign bellow. Your signature implies that you have read and agreed with the following statements:

- I have read any materials provided and understand that I am a volunteer and can terminate my association with the Tipton-Haynes Historical Association at any time.
- I agree to behave in conformity with the rules and regulations of the Tipton-Haynes Historical Association. Failure to do so could result in immediate dismissal from the volunteer program.
- I am aware that volunteers may be photographed for educational, archival, or public relations purposes. I give my consent that photographs of the participant may be published.
- I understand that although the Tipton-Haynes maintains the highest safety standards, the museum does not assume liability for accidents, illness, or disease.

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Name (Please Print)

Signature

Date

If you are under 18, signature of parent/guardian is required:

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Name (Please Print)

Signature

Date