



THE WESTCOTT HOUSE FOUNDATION  
1340 E. High St., Springfield, Ohio 45505  
www.westcotthouse.org

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

NAME: \_\_\_\_\_ Home Phone: \_\_\_\_\_

ADDRESS: Street: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we call you at work? [  ] YES [  ] NO

Person to notify in an emergency \_\_\_\_\_ phone \_\_\_\_\_

Is it OK to print the information above in the Westcott House Directory? [  ] YES [  ] NO

I would like to volunteer at: [  ] Tour Guide/Docent [  ] Gift Shop [  ] Education  
[  ] Special Events [  ] Facility maintenance

Email Address: \_\_\_\_\_

Occupation/ Job Title: \_\_\_\_\_

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

Why do you want to volunteer/ what do you hope to gain from this experience? \_\_\_\_\_

\_\_\_\_\_

What foreign languages do you speak, if any?

\_\_\_\_\_

List any volunteer activities that you have undertaken or any service organization to which you are a member

---

---

---

How did you become interested in Frank Lloyd Wright? \_\_\_\_\_

---

We hope you will use this volunteer opportunity to become more involved in the Foundation and the many educational and social events we have to offer. Please tell us your own skills/interests you may bring to this program.

- |                                                                   |                                         |                                       |
|-------------------------------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sign Language                            | <input type="checkbox"/> Office Support | <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Audio/Visual                             | <input type="checkbox"/> Editing        | <input type="checkbox"/> Photography  |
| <input type="checkbox"/> Foreign Language(s)/please specify _____ |                                         |                                       |
| <input type="checkbox"/> Other _____                              |                                         |                                       |

---

Special Interests: \_\_\_\_\_

Your Birthday: \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

**INTERPRETERS: WHEN ARE YOU AVAILABLE TO GIVE TOURS?**

Weekdays  yes  
 no

Weekends  yes  
 no

Check those groups for which you would be comfortable giving tours:

\_\_children (ages 6 - 12) \_\_teenagers \_\_college students \_\_adults \_\_senior citizens