



NAME: _____

ADDRESS: _____

EMAIL: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

HOW DID YOU HEAR ABOUT GLESSNER HOUSE?

WHAT PREVIOUS VOLUNTEER EXPERIENCES HAVE YOU HAD?

WHY ARE YOU INTERESTED IN VOLUNTEERING AT THE GLESSNER HOUSE?

CURRENT OCCUPATION: _____

HAVE YOU EVER TOURED THE GLESSNER AND CLARKE HOUSES BEFORE?

YES No CLARKE ONLY GLESSNER ONLY

SIGNATURE OF APPLICANT

DATE

PLEASE COMPLETE THIS FORM AND RETURN TO
GLESSNER HOUSE MUSEUM, ATTN: BILL TYRE
1800 S PRAIRIE AVENUE
CHICAGO IL 60616
FAX 312.326.1397