



## Volunteer Application

Crazy Horse Memorial Foundation  
12151 Avenue of the Chiefs Crazy Horse, SD 57730-8900

### Contact Information

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### Availability

Please indicate the date range you are available to volunteer:

From: \_\_\_\_\_ To: \_\_\_\_\_

Please indicate which hours you are available to volunteer.

Weekday Mornings: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekday Afternoons: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekday Evenings: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekend Mornings: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekend Afternoons: From: \_\_\_\_\_ To: \_\_\_\_\_

Weekend Evenings: From: \_\_\_\_\_ To: \_\_\_\_\_

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from prior employment, prior volunteer work or through other activities.

### Previous Volunteer Experience

Summarize your prior volunteer experience. Be sure to include where and your duties.

### Education/Training/Certificates

High School Diploma?	Yes	No		
GED?	Yes	No		
Attend College?	Yes	No	If yes, did you graduate?	Yes No
Type of Degree obtained?				

By submitting this application I certify that all information provided is true and accurate.

Name (Printed) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_