

FORT CHADBOURNE FOUNDATION

651 Fort Chadbourne Road

Bronte, TX 76933

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VOLUNTEER/DOCENT QUESTIONNAIRE

Please complete the following questionnaire if you would enjoy volunteering your time and services at Fort Chadbourne. As a volunteer you will need to be willing to learn the history of Fort Chadbourne. An informational packet with what we deem most necessary will be given to you, and as a volunteer we will expect you to familiarize yourself with it, and be able to answer questions when necessary. You should make arrangements for your own meals, and if you are dressing as a docent you should be able to furnish your own clothes. We are 5 to 10 miles from a café, so unless you intend to travel for your meals, you should remember to bring your breakfast, lunch, or dinner with you. Gas will not be furnished. We appreciate your interest in Fort Chadbourne and look forward to your participation. Please fill in all blanks, and be honest in what you are willing and can do as a volunteer. If you are volunteering as a couple, please list both yours and your spouse's abilities. You must be 18 years or older. Anyone under 18 years of age must have a parent or guardian contact the staff for details on what projects we might have available at that time. If you have any questions or ideas, please don't hesitate to contact us using the phone number or email above. Once you have submitted the information you will be contacted, and your application will be placed on file. You may mail, email, or fax the form to us. Thank you for your interest!

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Email: _____

My spouse would also like to volunteer: _____

Birthday: _____ Spouse Birthday: _____

Military Branch: _____ Years Active: _____

Volunteer Hours: Please list the number and days or weeks you would be able to volunteer:

Day(s): _____ Week(s): _____

Mornings: _____ Afternoons: _____ Anytime: _____

If possible I(we) would prefer the same day(s) each week: _____

I will make my own arrangements for quarters: _____

I own an RV and would like to park it on site: _____ Park it elsewhere: _____

I would need quarters to reside in when I volunteer for more than one day: _____

I am willing to learn the history of Fort Chadbourne and would like to be a tour guide: _____

I want to work inside the Visitor's Center: _____ I want to work outside and show the buildings: _____

I would prefer to help in other ways. Please list: _____

I own period clothing and will be dressing as a docent: _____

Please keep in mind we are an 1850's military fort, which also served as a ranch. Your clothing should fit the era. If you are unsure, please contact us so we may assist you in your selection.

My interpretation would be: Military: _____ Cowboy: _____

Civilian: _____ Native American: _____

Other: _____

I will not be dressing but would like to volunteer: _____

I am able to comfortably walk the area of the Visitor's Center: _____

I am able to comfortably walk the grounds of Fort Chadbourne: _____

I am able to use a Computer: _____ Cash Register: _____

Credit Card Machine: _____ Walkie Talkie: _____

Operate ATVs: _____ Golf Carts: _____

I can use my personal cell phone for contact during volunteer hours: _____

I feel I can best serve in the following capacities:

Meet and Greet: _____ Tour Guide: _____ Work in Gift Shop: _____ Help with Research: _____

Help with large tour groups: _____ Work Events: _____ Maintenance when necessary: _____

List any physical or medical restrictions that might limit your work as a volunteer or docent:

By signing this form you agree to volunteer your time and services free of charge. Due to the historic nature and value of the items on display in the Visitor's Center anyone who signs this form is giving the Fort Chadbourne Foundation permission to do a background check. Before you begin, you will need to furnish us with a valid driver's license or social security number.

DL# _____ SS# _____

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| Please Print | Signature |
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| Please Print | Signature |
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References: Please list two references Below

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Company: _____ Company: _____

Telephone #: _____ Telephone #: _____

Email: _____ Email: _____

If you wish to add anything further please use a separate sheet of paper.