

HURON COUNTY MUSEUM AND HISTORIC GAOL VOLUNTEER APPLICATION FORM

CONTACT INFORM	MATION	
Name		
Street Address		
City, Postal Code		
Home Phone		
Email		
Check One	☐ Adult ☐ Studen	t Grade:
AVAILABILITY		
	you available for Volunte nber or hours per week –	eer assignments (Check as many as apply) → # Hours per week:
Weekday mornings		Weekend Mornings
Weekday afternoons		Weekend afternoons
Weekday evenings		Weekend evenings
Are you unavailable for	part of the year? When?	
SPECIAL SKILLS O	R QUALIFICATION	S
	= = = = = = = = = = = = = = = = = = = =	tions you have acquired from employment, ties, including hobbies or sports.
•	-	
PREVIOUS VOLUN	ITEER EXPERIENCE	
Please summarize your	previous volunteer expe	rience.
EMERGENCY CON	TACT	
Name	IACI	Relationship
		·
Home phone		Alternate Phone



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PLEASE CHECK ALL VOLUNTEER ACTIVITIES THAT YOU ARE INTERESTED IN		
	Artifact Cataloging and Assistance	
	Education and Children's Programs	
	Exhibit Assistance	
	Museum Ambassador	
	Promotional Activities and Outreach	
	Research Projects	
	Visitor Services	
	Special Events	
	Behind the Bars Tour	

WOULD YOU LIKE TO RECEIVE FURTHER INFORMATION ABOUT THE FRIENDS OF THE HURON COUNTY MUSEUM AND BE CONTACTED BY THEM?		
	Yes	
	No	

All Museum volunteers are required to receive Ontario Accessibility Act training and complete a police background check prior to volunteering.

	FOR OFFICE USE ONLY
Not	es:
	Police Check Complete
	Ontario Accessibility Act Training Complete