



HURON COUNTY MUSEUM AND HISTORIC GAOL VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

Name	
Street Address	
City, Postal Code	
Home Phone	
Email	
Check One	<input type="checkbox"/> Adult <input type="checkbox"/> Student - Grade: _____

AVAILABILITY

During which hours are you available for Volunteer assignments (Check as many as apply)
Please also indicate number or hours per week → # 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 OR QUALIFICATIONS

Please summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

PREVIOUS VOLUNTEER EXPERIENCE

Please summarize your previous volunteer experience.

EMERGENCY CONTACT

Name	Relationship
Home phone	Alternate Phone

PLEASE CHECK ALL VOLUNTEER ACTIVITIES THAT YOU ARE INTERESTED IN

<input type="checkbox"/>	Artifact Cataloging and Assistance
<input type="checkbox"/>	Education and Children's Programs
<input type="checkbox"/>	Exhibit Assistance
<input type="checkbox"/>	Museum Ambassador
<input type="checkbox"/>	Promotional Activities and Outreach
<input type="checkbox"/>	Research Projects
<input type="checkbox"/>	Visitor Services
<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Behind the Bars Tour

All Museum volunteers are required to review the County of Huron's Disability & Human Rights Training document and submit a Vulnerable Sector Check (18+ only) prior to volunteering. Instructions for these will be provided.

FOR OFFICE USE ONLY

Notes:

<input type="checkbox"/>	Police Check Complete
<input type="checkbox"/>	Ontario Accessibility Act Training Complete