

# Museum of Dufferin

## Volunteer Application



Contact Information			
Name			
Street Address			
City	Province	Postal Code	
Home Phone		Cell Phone	
E-Mail Address			
Emergency Contact: Name & Relationship:			
Phone:		Your Birthday: M/D/Y (Y optional)	

Availability			
During which times are you available to volunteer?			
Weekdays	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Weekends	<input type="checkbox"/> Saturday		
<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> All Day (10 – 4)	<input type="checkbox"/> Occasionally/On Call

Areas of Interest	
Do you have a specific job in mind? _____	
<input type="checkbox"/> Reception (regular)	<input type="checkbox"/> Working with artifacts (regular)
<input type="checkbox"/> Gardening / Landscaping (seasonal)	<input type="checkbox"/> Working with Archival material (regular)
<input type="checkbox"/> Education Programming (regular & on call)	<input type="checkbox"/> Research (regular and on call)
<input type="checkbox"/> Tour Guide (on call)	<input type="checkbox"/> Heritage Fair Volunteer (seasonal)
<input type="checkbox"/> Brochure/Poster Distributor (on call)	<input type="checkbox"/> Volunteer & Membership Recruitment
<input type="checkbox"/> Assisting with Special Events (on call)	<input type="checkbox"/> 40 Hour Community Service Assignment

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.
<input type="checkbox"/> Criminal Record Check Attached? (not required with application)

Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Signature of Volunteer	Date
Signature of Museum Representative	Date
Date Received:	Date Contacted:

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