EUHARLEE WELCOME CENTER & HISTORY MUSEUM

VOLUNTEER APPLICATION & INFORMATION SHEET

Name_____ Date_____
Last First

Address _____
Street City Zip

Home Phone_____ Mobile Phone_____

Email address_____

Emergency contact: _____
Name Phone Relationship

Birth Month and Date _____ Are you over 18? _____

How did you learn about the Volunteer program? _____

Please list any skills or interests related to history: _____

_____

Previous work and volunteer experience: _____

_____

Availability:
Circle availability

Wednesday	10:00-1:30	1:30-5:00
Thursday	10:00-1:30	1:30-5:00
Friday	10:00-1:30	1:30-5:00
Saturday	10:00-1:30	1:30-5:00
Sunday		1:00-5:00

Volunteer Interests:

(Check all that apply

Staffing Museum _____

Group tours _____

Education & Programs _____

Oral History _____

Research _____

Collections _____

Return to: Katie O. Gobbi
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770-607-2017