



Antigonish Heritage Museum Volunteer Application

Date _____

Name _____

Address _____

Phone _____ Email _____

Areas of Interest (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Exhibits |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Genealogy | <input type="checkbox"/> Grounds keeping |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other _____ | | |

Why do you want to volunteer at the museum?

Previous employment, volunteer, or educational experiences:

What is your availability?

- | | | | |
|---|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |
| <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening | |
| <input type="checkbox"/> Specific Days/Hours: _____ | | | |

How long of a commitment are you able to make?

- | | | | |
|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 6 months | <input type="checkbox"/> 1 year | <input type="checkbox"/> other _____ |
|-----------------------------------|-----------------------------------|---------------------------------|--------------------------------------|

I hereby authorize the museum to maintain this information in their records, with the understanding that it will not be shared outside of the museum. Furthermore, I understand and will respect the confidential nature of information that I may access in performing my volunteer duties for the museum. **I also understand that it is museum policy to request a criminal record check and that it is my responsibility to submit the check in a timely fashion.**

Signature _____ Parent/Guardian (if under 16) _____

Approved _____