

Volunteer Application

In general, we seek volunteers to keep our museum open. If you have other interests, please find a place to make a note to that effect.

Contact Information

Name:	Date:	
Address:	City/State/Zip:	
Home Phone:	Cell Phone:	
Email:	Facebook:	
Other Social Media:		
Who should be notified in the event of an emergency:		
Relationship: Pho	tionship: Phone(s):	
Volunteer Experience		
Previous Volunteer Experience:		

Occupation (Past Occupation, if Retired): _____

Other Information That Will Help Us (Education, General Interests, Hobbies): _____

Languages Spoken:

Availability and Preferences

The museum is open on Saturdays during the day, and – on rare occasion – during the week for school tours or meetings.

I am available Saturdays only I can be available other times during the week.

Page 2: Name of Applicant: _	Date:
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Other Items

Have you ever been convicted for a violation of any laws, traffic or otherwise	? 🗌 Yes 🗌 No
If yes, please explain.	
Do you have a physical condition that may limit your activities?	🗌 Yes 🗌 No
If yes, please explain.	

References

Please list three persons we may call who are NOT family. One person may be your religious or spiritual leader or a teacher. Other potential references would be those with whom you have or had a professional relationship.

Name:	Relationship:
Address:	
Telephone:	
Name:	Relationship:
Address:	
Telephone:	
Name:	Relationship:
Address:	
Telephone:	

I give my consent for the Pulaski County Historical Society to contact my references, my employers (past and present) and to conduct a background check.

Signature of Applicant: _____

In order to be a volunteer, you must be a member, and your dues must be current. Information about membership can be found on our website.

Pulaski County Historical Society

www.pulaskihistory.net / www.facebook.com/pulaskihistory / info@pulaskihistory.net PO Box 135, Winamac IN 46996