



Volunteer Application

Date _____

Name (please print) _____

Address _____

Phone _____ Email _____

Areas of Interest or Skills (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Archival support | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Computer | <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"/> Kitchen help |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Special Events/planning | <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Website/social media |
| <input type="checkbox"/> Other _____ | | |

Is there a particular area that interests you?

Previous employment, volunteer, or educational experiences suitable for PSHS?:

What is your availability? (days, times)

Length of commitment you are able to make.

- 3 months 6 months 1 year 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 Police Records Check and that it is my responsibility to submit the check in a timely fashion.

Signature _____ Parent/Guardian (if under 16) _____

Revised 01/24/2020

PO Box 98, Parrsboro NS B0M 1S0 902-254-2376