

In case of emergency:

Name: _____ Relationship: _____

Phone Number: _____ Work Phone: _____

Address: _____

Company Name _____ City, State, Zip _____

Preferred area(s) of involvement:

- | | | |
|--|--|--|
| <input type="checkbox"/> Collections Management | <input type="checkbox"/> Event Set-Up | <input type="checkbox"/> Exhibit Design & Installation |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Group Tour Leader |
| <input type="checkbox"/> Greeter (weekends only) | <input type="checkbox"/> Light Maintenance | <input type="checkbox"/> Student Education |

Can you volunteer three hour shifts ____ Yes

If not three hours shifts, can you volunteer two hour shifts ____ Yes

How many days a month are you willing to volunteer _____

Beaver Area Heritage Museum Hours

Saturday 10:00 AM until 4:00 PM

Sunday 1:00 PM until 4:00 PM

Please complete and return this form by postal mail or email to:

Ms. Millie Terlizzi
Director of Volunteers
Beaver Area Heritage Museum
P.O. Box 147
Beaver, PA 15009

info@beaverheritage.org