

Beaver Area Heritage Museum Volunteer Application

| OUNDATION | Today's Date | e: | | | | |
|--|--------------|----------------|-------------|----------------|----------------------|--|
| Age Group: | □18 - 25 | <u>26 - 35</u> | □ 36 - 49 | <u>50 - 65</u> | □ 65 + | |
| Please select: | □Mr. □Mrs. | ☐ Ms. ☐Mis | ss | er | | |
| Last Name (Ple | ease print) | | First Name | | Middle Initial | |
| Street Address Apt. Number | | | | | | |
| City State Zip C | Code | | | | | |
| Home Phone | | | Cell Phone | | | |
| Email Address | | | | | | |
| Please list current employer. If no longer employed, list your last employer. PLEASE PRINT | | | | | | |
| Current – Last) | Employer | | | Position | | |
| Street Address | | City | | State | Zip Code | |
| Education: F | High School | ☐Coll | ege | Other Post | High School Training | |
| ☐ Volunteer E | xperience | | | | | |
| Referral Source | e: _Ano | ther Volunteer | ☐Web Page | ∏Facebook | Other | |
| Reference: List someone, other than a friend or relative, who knows your work record. | | | | | | |
| Name: | | | Phone Numbe | r | | |
| Business: | | | Title: | | | |
| Address: | | | | | | |
| | | | | | | |

| In case of emergency: | | | | | | | |
|--|-------------------|-------------------------------|--|--|--|--|--|
| Name: | Relatio | Relationship: | | | | | |
| Phone Number: | Work F | Work Phone: | | | | | |
| Address: | | | | | | | |
| Company Name | City, State | City, State, Zip | | | | | |
| Preferred area(s) of involvement: | | | | | | | |
| ☐ Collections Management | ☐ Event Set-Up | Exhibit Design & Installation | | | | | |
| Gardening | ☐ Gift Shop | ☐ Group Tour Leader | | | | | |
| ☐ Greeter (weekends only) | Light Maintenance | Student Education | | | | | |
| Can you volunteer three hour shiftsYes | | | | | | | |
| If not three hours shifts, can you volunteer two hour shiftsYes | | | | | | | |
| 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 | | | | | | | |