

The History Museum of Burke County Inc.

Volunteer Application

You may use the back of this form if additional space is needed.

Full Name: _____

Email: _____ Telephone: _____

Address: _____

Education (Grade/degree completed, institution, year): _____

Interests, Hobbies, Special skills:

How did you become interested in volunteering at the Museum?

Is there a particular type of volunteer work at the museum you would like to perform?

Days of the week you are available to volunteer:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Approximate # of hours per week available to volunteer: _____

I understand that the History Museum as part of their routine screening process, may verify information I have provided. The information submitted above will be treated with confidentiality and used only for purposes of evaluating volunteer acceptance/assignment. I affirm that the information I have provided above is accurate.

Signature: _____ **Date:** ____/____/____

----- For Use By Museum -----

Disposition/ Assignments: _____

Museum Representative Signature: _____ Date: ____/____/____ HMBC VOL 1/30/07