MADISON COUNTY Historical Society

Madicohistory.org

Volunteer Application Form

PERSONAL INFORMATION

Full Name:

Email: Phone:

Address:

☐ I am a MCHS member ☐ Send me MCHS membership information

AVAILABILITY

Preferred Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Preferred Time: ☐ Morning ☐ Afternoon ☐ Evening

Available From:

AREA OF INTEREST

Which area(s) would you like to volunteer in?

☐ Event Support ☐ Public Relations ☐ Fundraising ☐ Museum Docent

☐ Archives Projects ☐ Artifact Cataloging ☐ Museum Shop Attendant ☐ Education, Outreach, or Summer Camp

☐ Construction, Maintenance, or Landscaping ☐ Other

SKILLS & EXPERIENCE

Briefly describe any relevant skills or experience you have:

EMERGENCY CONTACT

Name:

Relationship:

Phone:

IF UNDER 18 YEARS OLD:

Parent/Guardian signature indicates approval for the child's participation in the volunteer program for the Madison County Historical Society.

Signature

Date