

West Parry Sound District Museum VOLUNTEER APPLICATION

Last Name _____ First Name _____

Home Address _____

City _____ Postal Code: _____

Email Address _____

Birthday _____

Home Phone _____

Currently employed (or in school) at _____

Occupation _____

General/ personal skills you possess that may be useful in your volunteer work at the West Parry Sound District Museum

Please list other organizations you have volunteered with:

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone: _____

Regular Availability: _____

VOLUNTEER'S SIGNATURE: _____

DATE: _____

Please fill out your application and drop it off, mail or email to the West Parry Sound District Museum.