 **Sundre Pioneer Museum**

**Volunteer Application**

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| Contact Information: | How can we best contact you? |
| Name |  |
| Mailing Address |  |
| Town, Postal Code |  |
| Phone #1 |  |
| Phone #2 |  |
| E-mail Address |  |
| BIRTHDAY: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Availability: When can we see you? | | |  |  |
| ❑ Weekday Mornings | **❑** Weekend Mornings | **❑** Once a Month | | |
| ❑ Weekday Afternoons | **❑** Weekend Afternoons | **❑** As Needed | | |
| ❑ Weekday Evenings | **❑** Weekend Evenings | **❑ Other** | | |

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| Interests: Tell us in which areas you are interested in volunteering | |  |
| ❑ ADMINISTRATION | * **❑**  Fundraising | |
| * ❑ Purolator | * **❑**  Programs | |
| * ❑ Front Desk (cash, phone, greet) | * **❑**  Restoration | |
| * ❑ Phone Calls | **❑** HERITAGE PERFORMER | |
| ❑ COMMITTEE | * **❑**  Entertainment | |
| * ❑ Accessions | * **❑**  Actor/Actress - TEACH | |
| * ❑ Collections | * ❑ Artisan - CREATE | |
| * ❑ Events | * ❑ Other | |
| * ❑ Maintenance (Facility, Ground, Garden) | **❑** Baking | |
| * ❑ Events | **❑** Docent **/** Guide | |

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| Are you willing to obtain a criminal record check? (circle one) Yes / No |
| Comments: |

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| Do you have any concerns regarding health & wellness we can assist you in planning for? (Asthma, allergies etc.) Yes / No |
| Comments: |

|  |  |
| --- | --- |
| Emergency Contact Info. | |
| Name |  | |
| Mailing Address |  | |
| City, Postal Code |  | |
| Phone #1 |  | |
| Phone #2 |  | |
| E-mail Address |  | |

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| Our Opportunity and Privacy Policies |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. The personal information of volunteers is kept strictly confidential and is used only for the purpose of contacting the volunteer for work at the Museum. The personal information of emergency contacts is kept strictly confidential and will be used only in the case of an emergency. |