

Claresholm & District Museum Box 1000, Claresholm, AB T0L 0T0 5126 1st St. E (Hwy 2) & 5115 2nd St. E 403-625-1742

museum@townofclaresholm.com www.claresholmmuseum.com

Volunteer Application Form

Greetings new volunteer applicant!

The purpose of this form is so that we may get to know what your interests, skills and knowledge are so that we may best match you with our volunteer opportunities. Thank you for taking the time to fill out this form and submit it to the museum so we can review it and contact you to set up a volunteer orientation.

Name						
Address						
(mailing)						
	City	Prov	Postal Code			
Phone #s	Home					
	Work					
	Cell					
Email						
Employer						
Position						
Areas of expertise and/or interest: Experience with museums (Claresholm or others):						
What volunteer areas are you interested in participating in? □ Visitor Services/Front Desk □ School Tours □ Research □ Programs & Special Events □ Exhibit Development □ Grants □ Communications & Promotions □ Policy Development □ Website □ Archives (photo & document organization and digitization) □ Board □ Collections Management (accessioning artifacts and artifact storage) □ Other						



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What is your availa	ability ty	pically like?			
□ Week Days	□ Ev	ening	□ Weekends		
About how often w	ould you	ı like to voluntee	er?		
□ Weekly □ Monthly □ Other					
Educational/Profes	sional D	evelopment Bacl	kground		
Degree/Dip	oloma	Specialization	University/College	Year Graduated	
2.					
3.					
Work/Volunteer/E	xperience	e Background			
Employer		Position	# years		
1.					
2.					
3.					
be acting indepen volunteer activities	dently and will be are expe	nd not as an er carried out unde ected to behave	rities of the Claresholm & Di mployee or agent of the To er the supervision of the Muse in an ethical manner while ta	own of Claresholm. Al eum Executive Director	
Signature			Date		