

## Winters Heritage House Museum Volunteer Application Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_  OK to call this number

Work Number \_\_\_\_\_  OK to call this number

Cell Number \_\_\_\_\_  OK to call this number

E-mail \_\_\_\_\_

Date of Birth (Month/Day) \_\_\_\_\_

### Emergency Contact Information

Contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Contact Number \_\_\_\_\_

Alternate Contact Number \_\_\_\_\_

Are you a member?  Yes  No How did you hear about our volunteer program?

Why do you want to volunteer at the Winters Heritage House Museum?

Education and work experience

Previous volunteer experience

Relevant skills and interests

Experience with customer service and working with children/general public

Volunteer Positions

Days Available

Wednesday  Thursday  Friday  Saturday

Preferred Time

Morning (10-1)  Afternoon (1-3:30)  Evening (5-10)

Please return to: Winters Heritage House Museum, PO Box 14, Elizabethtown, PA 17022