



VOLUNTEER INTEREST FORM

_____ Name			_____ Home Phone		
_____ Email			_____ Cell Phone		
_____ Street			_____ Street 2		
_____ City		_____ State	_____ Zip		

How often would you like to volunteer:

- weekly monthly as needed

When are you available:

- week days morning afternoon evening
 week ends morning afternoon evening

Any particular day(s) _____

Please circle your areas of interest:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Front Desk/Greeter | <input type="checkbox"/> Gift Shop | <input type="checkbox"/> Tour Guide/Docent | <input type="checkbox"/> Collections/Archives |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> Video Production | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Photography | <input type="checkbox"/> Research | <input type="checkbox"/> Garden/Grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Fundraising | |

Please note any organizations of which you are/were a member and/or for whom you have volunteered:

(please complete reverse side)

Please provide a reference who is not related to you:

_____ Name	_____ Relationship
_____ Email	_____ Phone

Please provide an emergency contact:

_____ Name	_____ Relationship
_____ Home/cell phone	_____ Work phone

**Provide any medical information we may need to know:
(severe allergies, epilepsy, low blood sugar, etc.)**

Note: You are NOT required to provide any medical information. Any information provided will be kept confidential. Staff will only use this information to assist you in the event of a medical emergency.

Return this application to:

Kelli Kling, Director
Wood County Historical Center & Museum
13660 County Home Road, Bowling Green OH 43402
museum@woodcountyhistory.org
419-352-0967

THANK YOU FOR YOUR INTEREST!