



HALDIMAND MUSEUMS

VOLUNTEER APPLICATION

A. Personal Information

Last name: _____ First Name and Initial: _____.

Address: _____

City/Town: _____ Postal Code: _____ Email: _____.

Home Phone: _____ Alternate Phone: _____

Emergency Health Information: _____.

Emergency Contact: _____ Phone: _____

1. Do you possess a valid Ontario Driver's License? _____ If yes, what class: _____
2. Haldimand Museums' require an up-to-date criminal reference check.
Do we have your consent to proceed with this? Yes No

This check will be updated periodically.

B. Volunteer and/or Work Experience

3. Have you been a volunteer at this museum, or at another heritage site?

4. Do you have any areas of interest or special skills that you think would assist the museum?

5. Do you wish to volunteer in any of the following areas?

- | | |
|--|--|
| <input type="checkbox"/> Genealogy research | <input type="checkbox"/> Artifact registration/cataloguing |
| <input type="checkbox"/> Exhibit development | <input type="checkbox"/> Front desk/administration/gift shop |
| <input type="checkbox"/> Educational programming | <input type="checkbox"/> Maintenance/janitorial |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Special Events | |

Edinburgh Square Heritage & Cultural Centre
80 Caithness Street, P.O. Box 2056
Caledonia, ON N3W 2G6
TEL: 905 765-3134
FAX: 905 765-3009

Haldimand County Museum & Archives
8 Echo Street, P.O. Box 38
Cayuga, ON N0A 1E0
TEL: 905 772-5880
FAX: 905 772-1725

Wilson MacDonald Memorial School Museum
3513 Rainham Road 3, RR#1
Selkirk, ON N0A 1P0
TEL: 905 776-3319
FAX: 905 776-0683

6. What sort of time commitment are you planning for this volunteer placement? (this will help us match you with specific projects)

- 40 hours or less
- 1 month to 3 months
- 3 months to 6 months
- 6 months to 1 year
- Indefinitely
- Haven't decided

7. Please list the day/timeslot that you would like to volunteer each week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (summer)
Time:						

8. Please indicate your site preference (if any)

- Edinburgh Square (Caledonia) [] Haldimand County Museum (Cayuga) []
 Wilson MacDonald (Selkirk) [] No preference []

9. Please list the names and phone numbers of two references that we can contact.

1. Name: _____
 Phone Number: _____
 Relationship: _____
2. Name: _____
 Phone Number: _____
 Relationship: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if under the age of 18: _____ Date: _____

***Thank you for considering a volunteer placement with Haldimand Museums!
 We look forward to getting to know you!***