

New Westminster Museum and Archives

Volunteer Application

Thank you for your interest in volunteering your time at New Westminster Museum and Archives. The following information will assist us in determining your interests and skills for a prospective volunteer position and provide other information required for administrative purposes.

Personal Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Birthdate: _____ \ \
Month Day Year

Emergency Health Information: _____
Is there any information a health care professional should know should you suddenly become ill? i.e. allergies, medical conditions, contact lenses, etc.

In Case of Emergency Contact: _____ Phone: _____

Relationship to you: _____

Occupation/Employment History:

Are you currently employed? Yes No Current or Last Employer: _____

Position: _____ Employment Dates: _____ to _____
('present' if still employed)

Business Phone: _____ May we contact you at work Yes No

Other Pertinent Work Experience: _____

Education/Training:

Level of Schooling Attained: _____

Other Training/Certificates Held: _____

Have you had any specific Museum/Archives training?: Yes No

Please describe: _____

Skills:

Do you speak languages other than English? (please specify): _____

Do you have other skills or resources which might benefit your work in the program?: _____

Volunteer Experience:

Are you presently a volunteer?: Yes No Where?: _____

Have you had previous experience as a volunteer?: Yes No

In What Capacity?: _____

Please complete other side

Availability:

How many hours per week are you willing to volunteer? _____

What Days Are you Available?: Saturday Sunday Tuesday Wednesday Thursday Friday

What Time of Day are you available?: Mornings Afternoons Evenings (check all that apply)

Interests:

What type of volunteer work are you looking for?: _____

In which of the following areas would you be interested in volunteering?: (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Docent | <input type="checkbox"/> Oral History | <input type="checkbox"/> Craft Demonstrations |
| <input type="checkbox"/> School Tours | <input type="checkbox"/> Curatorial Work | <input type="checkbox"/> School Outreach |
| <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Display Assistance | <input type="checkbox"/> Collection Care and Handling |
| <input type="checkbox"/> Archival Research | <input type="checkbox"/> Artifact Research | |

Are there any other areas of Museum/Archives work not listed above, or specific areas of listed topics, that you are interested in?: (i.e. "clothing research") _____

Commitment:

Will you make a one year commitment to this program?: Yes No

Will you complete the required training?: Yes No

Will you attend volunteer meetings?: Yes No

What are your expectations in volunteering with Irving House/Museum/Archives?: _____

What do you hope to gain from being a volunteer here?: _____

What life experiences have you had that might be useful to you in working at this facility?: _____

We would like to contact two references, one personal and one business, or volunteer related:

Name: _____ Phone: _____

Relationship to you: _____

Name: _____ Phone: _____

Relationship to you: _____

Signature of Applicant Date: _____ 200_____

Signature of Applicant

Personal Information contained on this form is collected under the Municipal Act and the provisions of the Freedom of Information and Protection of Privacy Act and will be used only for the purposes indicated.

Administrative Use Only - Please Do Not Write Below This Line

Interviewed By: _____ Date: _____ Accepted: _____ Initial Position: _____

Comments: _____