

## Volunteer Application

Thank you for your interest in volunteering your time at the New Westminster Museum/Archives featuring Historic Irving House. 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. This application will form part of your volunteer profile. Please return to [museum@newwestcity.ca](mailto:museum@newwestcity.ca) or in person in the Archives on the second floor of Anvil Centre, 777 Columbia Street.

### Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MonthDayYear

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:

Previous 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?: \_\_\_\_\_

\_\_\_\_\_

**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)

Note: no archival or curatorial positions are available at this time.

**Programs**

- Docent
- School Tours/Outreach
- Tour Guide Assistant
- Craft Demonstrations
- Piano Player

**Archival**

- Archival Research
- Oral History
- Photo Scanning
- Transcriptions

**Curatorial**

- Exhibits Assistance
- Artefact Research
- Collection Care and Handling
- Curatorial Work

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. historic clothing research/sewing, matting/framing, dry mount press, woodworking, photography, Chinese translation, etc.): \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_ 201\_\_\_\_

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: \_\_\_\_\_