HISTORICAL SOCIETY OF DAUPHIN COUNTY NEW VOLUNTEER/INTERN INFORMATION FORM

(Please print legibly) NAME: ADDRESS: _____ **PHONE:** Home: ______Work: _____ Email: _____ Cell: ____ **EMERGENCY CONTACT:** Phone **TWO REFERENCES** (Name and Phone Number) ************************* How often are you able to volunteer? (Check all that apply) ___ as needed and as I am available ___ on a regular basis ____once a week ___once a month ___ other (please specify)____ When are you available for volunteer work? Days: ___Mon ___Tues ___Wed ___Thurs ___Fri ___Sat ___Sun Hours: __AM __PM __Any Comments: Please check all volunteer opportunities you are interested in: **Docent Tours** Office Support ____ Bulk Mailings General ____ Computer input ____ Groups, adults ____ Marketing assist Groups, students/children Archives/Collections and Library Grant writing assist ____ Cataloging **Building and Grounds** ____ Photography/Scanning ____ Gardening Research ____ Lawn care Exhibit assist ____ Mansion cleaning ____ Building or Grounds maint/repair **Programs and Events** ____ Program/Event Attendant ____ Serve on Program or Event ____ Serve on Facilities Committee **Volunteer Coordinator** Planning Committee Other Special Areas of Experience, Interest or Expertise: