



Port Colborne Historical and Marine Museum
L.R. Wilson Heritage Research Archives
Arabella's Tea Room

STAFF USE ONLY

VOLUNTEER APPLICATION FORM

Please complete all areas.

Personal Information is collected under the authority of the Municipal Act, R.S.O. c.302 (as amended) and will be used to determine suitability for any of the volunteer positions.

Personal Information

First Name: Last Name:

Address:

City/ Town: Postal Code:

Phone: (Home) Phone: (Mobile)

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Are you volunteering to fulfill your 40 hours of community service requirement for graduation?

YES NO If YES, what school do you attend:

Have you ever volunteered for the Port Colborne Historical and Marine Museum in the past?

YES NO If YES, please indicate when:

Do you hold a valid qualification for: First Aid CPR

Are you willing to attend an orientation session? YES NO

Are you 18 years of age or older? YES NO

Have you ever been convicted of a criminal offense for which a pardon has not been received?

YES NO

Person to Contact in case of an Emergency:

Name: Phone:

Relationship:

Personal Reference (not related to you):

Name: Phone:

Address:

**Please indicate which areas you are interested in for volunteering:**

- Museum:**
- Special Events (i.e. Canal Days, Pie Social, Christmas Festival etc.)
  - Cataloguing
  - Education Programmes (i.e. School Tours)
  - Office Assistant
  - Conservation/ Collection Care
  - Gardening

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Archives:**
- Land Deeds project
  - Indexing/ Creating Finding Aids
  - Research Assistant
  - Tours/ Workshops Assistant

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Arabella's Tea Room:**

- Kitchen Duties (i.e. baking, dishes)
- Serving Duties
- Special Events Only
- Convenor
- Auxiliary

Comments: \_\_\_\_\_  
\_\_\_\_\_

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I acknowledge that the information provided in this form, is, to the best of my knowledge, accurate.

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

Signature of Applicant: \_\_\_\_\_

Signature of Parent or Guardian (if applicant is under 18 years of age): \_\_\_\_\_