

**Niagara Historical Society & Museum
Volunteer Application Form**

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| Date: | |
| | |
| Name: | |
| | |
| Address: | |
| | |
| City/Town: | Postal Code: |
| | |
| Telephone: | Alternative Phone: |
| | |
| Email: | |
| | |
| Please indicate your committee(s) of choice: | |
| Board of the Society Collections Management Walking Tour Guide Building Maintenance Curatorial Committee | Special Events - Planning and Promotion - Set up/take down - Food prep and cleanup Children's Programming Docent (Museum Guide) Research Gardening Committee |
| Special Interests or Other Volunteer Activities: | |
| | |
| Please indicate your availability: | |
| | |
| Are you currently a Member of the Niagara Historical Society? Y N | |

Signature:

The Niagara Historical Society is not to be held responsible for accidents or injuries occurring on the premises of the Museum.

Signature of Waiver:

Date:

For Office Use Only

Start Date:

End Date:

Training: