

# Sidney Museum & Archives

## VOLUNTEER APPLICATION FORM

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

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

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### AVAILABILITY

DAYS AVAILABLE	MORNING SHIFT	AFTERNOON SHIFT	VARIABLE HOURS
<input type="checkbox"/> Monday	<input type="checkbox"/> 10:00am - 1:00pm	<input type="checkbox"/> 1:00pm - 4:00pm	<input type="checkbox"/> _____ to _____
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 10:00am - 1:00pm	<input type="checkbox"/> 1:00pm - 4:00pm	<input type="checkbox"/> _____ to _____
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 10:00am - 1:00pm	<input type="checkbox"/> 1:00pm - 4:00pm	<input type="checkbox"/> _____ to _____
<input type="checkbox"/> Thursday	<input type="checkbox"/> 10:00am - 1:00pm	<input type="checkbox"/> 1:00pm - 4:00pm	<input type="checkbox"/> _____ to _____
<input type="checkbox"/> Friday	<input type="checkbox"/> 10:00am - 1:00pm	<input type="checkbox"/> 1:00pm - 4:00pm	<input type="checkbox"/> _____ to _____
<input type="checkbox"/> Saturday	<input type="checkbox"/> 10:00am - 1:00pm	<input type="checkbox"/> 1:00pm - 4:00pm	<input type="checkbox"/> _____ to _____
<input type="checkbox"/> Sunday	<input type="checkbox"/> 10:00am - 1:00pm	<input type="checkbox"/> 1:00pm - 4:00pm	<input type="checkbox"/> _____ to _____

### TYPES OF VOLUNTEER TASKS

\*check your skills & interests

#### ADMIN

- Reception
- Clerical Support
- Tech Support/ IT
- Web Design

#### MAINTENANCE

- Carpentry
- Painting
- Custodial
- Electrical

#### MARKETING

- Advertising
- Graphic Design

#### EDUCATION

- Tour Guide
- Education Programming

#### SPECIALIZED

- Membership
- Event Planning
- Fundraising

#### CURATORIAL/MUSEUM EXPERIENCE

- Research
- Exhibit Prep
- Data Entry
- Archives
- Digitization
- Photography

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## VOLUNTEER APPLICATION FORM

### RELEVANT VOLUNTEER OR WORK EXPERIENCE

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### RELEVANT SKILLS OR HOBBIES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to consent to a Criminal Record Check?  Yes  No

Please return this form to the front desk at the Sidney Museum  
or email it to [outreach@sidneymuseum.ca](mailto:outreach@sidneymuseum.ca)

