



# VOLUNTEER APPLICATION

## MUSEUM

Please email or deliver this form to:

16210 Island Road, Port Perry, ON

Email: [museum@scugog.ca](mailto:museum@scugog.ca)

### APPLICANT DETAILS:

First Name:

Last Name:

Address:

City:

Postal Code:

Telephone:

Email:

Age Group:  Youth (12-17)  Adult (18+)

Emergency contact name:

Telephone:

Relationship to Volunteer:

### APPLICANT PROFILE:

Why do you want to volunteer with the Scugog Shores Museum Village and Archives?

Please check all areas of interest

Events + Programming

Collections Management

Data Entry

Costuming

Interpretation

Research

Heritage Skills

Children's Activities

Maintenance

Gardening

Photography

Digitization

Please list any related experience (courses, profession, volunteer activities, etc.)

**AVAILABILITY:**

Please list available days and times

- Week Days       Week Nights       Weekends       Open Availability

Details:

Please note: A Vulnerable Sector Screening is required for volunteering at the Scugog Shores Museum Village and Archives. A letter of volunteerism will be provided to submit with your screening request.

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OFFICE USE ONLY:

HIRED:

SIGNATURE:

DECLINED:

DATE: