VOLUNTEER APPLICATION



Museum of Madison County History Operated by

Madison County Historical Society, Inc.

Personal Information

Name	Contact Phone		
Address	City	State	
Zip Code E-mail_			
What age bracket? ☐ 15-25 ☐ 26-50	□ 51 -65 □ 66-70+		
Highest education level			
Do you have a medical/physical issue that would limit your ability to perform certain functions while volunteering at the Museum?			
Emergency Contact Name	Relationship		
Contact phone			
How did you hear about volunteering at the Museum			
Why do you wish to volunteer with us?			
What area of local history are you interested in?			
What area of national history are you interested in?			
Answers are optional for the following qu	estions:		
Do you have a personal collection(s)? Yes what?			
Do you watch historical programs on TV?	Yes No		
Which historical programs do you prefer to	watch?		

Which day / time would you like to work:			
□ Monday □ Wednesday	☐ Friday Morning 9am-12pm ☐ Afternoon 12pm-4pm		
What type(s) of volunteering projects are you interested in being a part of:			
Exhibits Receptionist	Computer Data Entry Bookkeeping		
☐ Genealogy ☐ Public Relations ☐	Accessions Presentations		
□ Docent/Tour Guide □ Building Maintenance □ Other			
What experience or skills can you bring to us?			
I understand that when I become a volunteer for the non-profit Madison County Historical Society, Inc., I am donating my services without contemplation of compensation and doing this totally for charitable reasons.			
Applicant's Signature	Date		
Applicant's Signature Comments or questions?	Date		

(USPS doesn't deliver mail directly to the Center on 11th Street)