

Volunteer application form

Shoal Creek Living History Museum encourages the participation of volunteers who support our mission, to honor and teach Missouri's past. If the applicant is younger than 18, a parent or guardian must accompany the minor with any volunteering activities and must sign this application. After completing this form, please send to Shoalcreekmuseum1975@gmail.com. The information on this form will be kept confidential and will help us find the most satisfying volunteer opportunity for you. We thank you for your interest.

Name: _____

Address: _____

Phone: _____

Email address: _____

Circle areas of interest:

reenactments / fundraising / maintenance / skilled craftsmanship / artisan demonstration / restoration / events / school programs

Experience in a historical setting? (yes) (no) If yes, please list: _____

Circle days and seasons available:

Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

Winter / Spring / Summer / Fall

Any physical limitations or medical concerns such as allergies, heart conditions, or diabetes? Please list here:

Agree to a background check? (yes) (no)

Signature: _____ **Date:** _____

If a minor, (under the age of 18) parent or guardian signature required

Parent/guardian signature: _____ **Date:** _____

