

**SHOAL CREEK LIVING HISTORY MUSEUM
VOLUNTEER INFORMATION FORM**

Group: _____
Name: _____ Over 18: Yes ___ No ___ *If no, see below
Address: _____ Day Phone: () _____
_____ Evening Phone: () _____
_____ Cell Phone: () _____
E-Mail Address: _____

Circle Area of Interest: office work reenactments restoration
 maintenance fund raiser shop keeping
 skilled craftsmanship Other _____

Circle Seasons Availability: winter spring summer fall
Circle Days of Availability: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Personal References:

Name: _____ Day Phone: () _____
Address: _____ Evening Phone: () _____
_____ Cell Phone: () _____

Name: _____ Day Phone: () _____
Address: _____ Evening Phone: () _____
_____ Cell Phone: () _____

Emergency Contact Information:

Name: _____ Day Phone: () _____
Address: _____ Evening Phone: () _____
_____ Cell Phone: () _____

Name: _____ Day Phone: () _____
Address: _____ Evening Phone: () _____
_____ Cell Phone: () _____

Please list any area of medical concern such as allergies, heart conditions,
or diabetes:

Signature: _____ Date: _____

*If under the age of 18

Parent or Guardian signature of permission to volunteer:

Signature: _____ Date: _____

