



FOR OFFICE USE ONLY

Interview Date.....

Entered: Access   
Email

**VOLUNTEER APPLICATION FORM – PLEASE PRINT**

Last Name ..... First Name .....

Address.....

City..... Province ..... Postal Code .....

Home Phone..... Cell .....

Email..... Date of Birth .....

How did you hear about volunteering with the Museums of Burlington?

.....

What previous volunteer/work experience have you participated in?

.....

.....

What skills will you bring to the role of a volunteer?

.....

Are you a high school student? Yes      No      Current Grade: ..... School.....

My parent/guardian is aware that I am applying for this volunteer position.

Parent/Guardian signature.....

Emergency Contact Person

Last Name ..... First Name .....

Home Phone..... Cell .....





**EMPLOYMENT**

Are you employed? Yes      No      If yes, full-time or part-time? F/T      P/T

Place of Employment.....

**AVAILABILITY**

Weekdays:    Tuesday      Wednesday      Thursday      Friday      Morning      Afternoon      Evening

Weekends:    Sunday

**AREAS OF INTEREST** | please indicate which interest you

Tour Guide		Special Event Volunteer	
Admissions/Gift Shop		Camp Assistant	
Cataloguer/Registrar		Educational Program Assistant	
Gardening		Badge Program	

**REFERENCES**

1. Name ..... Phone .....

Email.....

2. Name ..... Phone .....

Email.....

I hereby agree that all the information provided is true and accurate, and I give authorization to check references.

Signature ..... Date.....

Please return your completed application to [Robin.Hill@burlington.ca](mailto:Robin.Hill@burlington.ca) or to Ireland House Museum (address below).

