

Office Use Only
 Rec'd by _____
 Date: _____



Volunteer Application Form

<p>Personal Info</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Email: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p>	<p>Circle one:</p> <p>Gender? MALE FEMALE</p> <p>18 years or older? Y N</p> <p>If under 18 yrs. old, please provide an emergency contact:</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relation: _____</p>
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How can you help?

<ul style="list-style-type: none"> <input type="checkbox"/> Gift shop assistance. Help with store displays, assisting customers, answering phones, filing, and photocopying. <input type="checkbox"/> Maintenance/Facility work. Assist with painting, dusting, and general building maintenance. <input type="checkbox"/> Collections assistance. Help the curatorial staff in inventorying, cataloguing, and researching the many artifacts in Bonanzaville's collection. 	<ul style="list-style-type: none"> <input type="checkbox"/> Office assistance. Help our office staff with daily projects such as filing, data entry, phone assistance, and bulk mailings. <input type="checkbox"/> Fundraising. Help the Board of Directors and the Executive Director raise money to fulfill the mission of the Cass County Historical Society. <input type="checkbox"/> Other. Please Specify: _____
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Availability

Please describe when you are available to be a docent.

Time	MON	TUES	WED	THURS	FRI	SAT	SUN
10am to 5pm							

___ Pioneer Days (August) ___ School Tours (May) ___ Evening/Weekend Special Events

By signing this form, I understand that Bonanzaville and the Cass County Historical Society reserve the right to my participation as a volunteer, and that I may be asked to leave at any time.

Signature: _____ Date: _____