

**VOLUNTEER APPLICATION
PENETANGUISHENE CENTENNIAL MUSEUM &
ARCHIVES**

13 Burke Street, Penetanguishene, On L9M 1C1
705-549-2150

Name _____

Address _____

City _____ Postal Code _____

Telephone _____ E-mail _____

Next of Kin (For Emergency Contact only)

Name _____

Address _____

City _____ Postal Code _____

Telephone _____

Are you under the age of 18? yes no

Please note: you must be at least twelve years of age to volunteer.

Do you have any allergies, disabilities or medical conditions that you wish to make us aware of? (Optional)

What job descriptions are you interested in?

Education Programming

Collection Management

Grounds Assistant

Genealogy/Research Room

Special Events

Please check off what days you are available:

Monday

Tuesday

Wednesday

Thursday

Friday

Morning

Morning

Morning

Morning

Morning

Afternoon

Afternoon

Afternoon

Afternoon

Afternoon

How often would you like to volunteer?

- More than once a week
- Once a week
- Once every other week
- Once a month
- Other: _____

On average, how many hours a week would you like to volunteer? _____

Please describe why you would like to volunteer at the Penetanguishene Centennial Museum & Archives. What do you feel makes you suitable for this position?

Please describe any work or volunteer experience you may have that is relevant to this position. If you wish, you may attach your resume.

Please describe any skills, training, interests or hobbies you might have.

Please provide us with the names and contact information for two references. These could include past employers, supervisors, teachers or coaches.

Reference One

Name _____
Address _____
City _____ Postal Code _____
Telephone _____ E-mail _____

Reference Two

Name _____
Address _____
City _____ Postal Code _____
Telephone _____ E-mail _____

Some positions involve work or contact with children. You may be asked for a police background check. Please tell us of any convictions you have had, however old. This information will be kept strictly confidential and will not be used to discriminate against you unfairly.

Do you have any prior convictions? Yes No
Details:

Please sign your application before returning it. By signing it you are indicating that all the information you have given is complete and true to the best of your knowledge.

Signature _____ Date _____

Parent or Guardian's Signature* _____

Parent or Guardian's Name* _____

*If under age 18

Thank you for taking the time to complete this application. Please return it to the Curator/Museum Supervisor at the PCMA.

We will be in touch with you to arrange a short, informal interview so we can get to know you a bit better.

Personal information on this form is collected under the authority of the Municipal Act and will be used to maintain volunteer records, to make placements and to compile a mailing list for museum newsletters. Questions regarding the use of this list should be forwarded to the Curator at the Penetanguishene Centennial Museum & Archives, 13 Burke Street, Penetanguishene, ON, L9M 1C1.