

PORT HOPE



ARCHIVES

Volunteer Application Form

Name: _____

Address: _____

Daytime Phone: _____

Email Address: _____

Tell us about yourself (experience, interests, special skills, etc.): _____

Reference Name: _____ Phone: _____

Areas of Interest:

- Educational Programming
- Special Events
- Computers & Databases
- Organization

Availability (circle):

Tues. Wed. Thurs. Fri. Sat.

Signature of Applicant (or Guardian if under 18): _____

Send completed form to:

Port Hope Archives
Attn: Erin Walsh