

Do you have experience or interest in any of these areas:

- Docent / Tour Guide** **Museum Collections / Curatorial** **Education**
 Library **Genealogy** **Administration / Office** **Museum Shop**
 Special Events Other: _____

Availability: When are you available to start? _____

What times are better for you?

- Weekdays:** Anytime Morning Afternoon Evening
Weekends: Anytime Morning Afternoon Evening

Emergency Information

In case of emergency please notify:

Name

Phone

Do you have any medical conditions that would affect your ability to perform any volunteer task, or that the staff of **FMHC** should be aware of? Yes No

If yes, please explain: _____

References

Please list three references from previous employment or volunteer experience:

Name & Position	How do you know this person?	Company	City, State	Phone #

____ I give the Fairfield Museum and History Center permission to contact the above references.

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release **Fairfield Museum and History Center** from any liability whatsoever for supplying such information. [Please note: **FMHC** does not release lists of members or volunteers.] I understand that I will not be paid for my services as a volunteer.

Applicant's Signature: _____

Date: _____

Please return to the Volunteer Coordinator