

CLOSED

11am – 5pm

Volunteer Application

CLOSED

		State:	Z	ip Code:
Phone:				
Email:				
Are you currently a mem	ber of O	conee History Museum? (plea	ase circ	le): YES NO
If you are under 18 years	of age,	please state your age:		
Parent/Guardian Signatur	re:			
Relationship:				
Why do you want to vo	lunteer :	at Oconee History Museum?	• 	
al Interests:				
·		General Store Museum		Carpentry/Maintenance/Gardening
Docent/ Tour Guide	I		+	Any/Unsure
Docent/ Tour Guide Archiving		Teaching		

Emergency Contact:	
Relationship:	Phone:
· ·	s being requested for potential use in grant application and ag this information is completely voluntary. Group
☐ American Indian/Alaskan	☐ Asian/Pacific ☐ Black/African American Islander
☐ Hispanic/Latin	o White/Caucasian Other
Gender	
☐ Female	☐ Male ☐ Non-Binary
Special Skills:	
Disclaimer & Signa Oconee History Mu	ature seum cannot be held legally responsible for any loss, expense, or claim for
	esulting from my participation in this program.
Signature	Date: