



Billy Bishop Home

B.B.H.M. Museum, Archives and National Historic Site

VOLUNTEER APPLICATION FORM

Name: _____ Date: _____

Address: _____

Postal Code: _____ Phone Number: _____

Occupation: _____ Email _____

Past Volunteer/Work Experiences: _____

Interests/Skills: _____

Please check the volunteer positions you might be interested in:

<input type="checkbox"/>	Education/Information Guide	<input type="checkbox"/>	Special Events Helper	<input type="checkbox"/>	Gardener
<input type="checkbox"/>	Visitor Services/Gift Shop	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Baking for special events
<input type="checkbox"/>	Photographer/Videographer	<input type="checkbox"/>	Print Distributors	<input type="checkbox"/>	Painter/Carpenter
<input type="checkbox"/>	Research Assistant	<input type="checkbox"/>	Phoning	<input type="checkbox"/>	Mailing Assembly
<input type="checkbox"/>	Special Events Committee	<input type="checkbox"/>	Building & Maintenance Helper	<input type="checkbox"/>	Computer Data Entry
<input type="checkbox"/>	Board Member	<input type="checkbox"/>	Educational Program Assistants	<input type="checkbox"/>	Other

NOTE: We will contact you to interview and discuss the volunteer areas that you expressed interest in.

References: (minimum of two and preferably someone with whom you have worked or volunteered)

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

Availability:

Day	Hours Available
Monday	<input type="checkbox"/> 11am to 5pm <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____
Tuesday	<input type="checkbox"/> 11am to 5pm <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____
Wednesday	<input type="checkbox"/> 11am to 5pm <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____
Thursday	<input type="checkbox"/> 11am to 5pm <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____
Friday	<input type="checkbox"/> 11am to 5pm <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____
Saturday	<input type="checkbox"/> 12 to 4pm <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____
Sunday	<input type="checkbox"/> 12 to 4pm <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____

Computer Literacy: Beginner Intermediate Advanced Check what programs you have worked on.

MS Word Excel PastPerfect MS Outlook Other email _____ Internet Other _____

Education: Last Level Attained: _____

Physical Aspects:

Are there any health/physical related matters that may be of importance in position suitability? (E.g. Asthma, back problems, etc.) Yes No If "Yes", please specify:

Age of Majority: Are you over the age of 19? Yes No

If you answered "No" to the question above, then you are required to provide written consent from your parent(s)/legal guardian(s) prior to volunteering. (Below)

Comments/Additional Info: _____

Please Note the Following:

- In determining suitable placements for volunteers, consideration will be given to the interests and goals of the volunteer and to the requirements of the organization and of the position in question.
- The determining factors in the selection/matching of volunteers to specific positions will include: responsibility, skill level, performance, work/volunteer experience, educational background and interpersonal skills.
- Certain positions may/will require the volunteer to submit or consent to a liability waiver, criminal record/police, and/or reference check prior to acceptance as a volunteer in that position. Individuals who refuse to comply with this request may/will not be accepted as a volunteer in those positions.
- All personal information will be used *only* for the purposes of the Museum.

Signatures:

 Volunteer Applicant _____
 Date

If Applicable:

 Parent/Legal Guardian _____
 Date

 Parent/Legal Guardian _____
 Date

Thank you in advance for your kindness and participation.

If you have any questions/comments please contact Diane Sprung at 519-371-0031.