



Volunteer Application Form



NAME: _____

HOME PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY: _____ E-MAIL: _____

PROV: _____ POSTAL CODE: _____

Volunteer Opportunities (check all you are interested in)

- | | | |
|--|--|---|
| <input type="checkbox"/> Education Program Assistant | <input type="checkbox"/> Event Assistant | <input type="checkbox"/> Office & Library Assistant |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Archives & Collection Assistant | <input type="checkbox"/> Garden Assistant |

Education: _____

Employment (current & previous): _____

Volunteer Work (current & previous): _____

Skills: _____

Hobbies & Interests: _____

Why are you interested in volunteering at the Port Moody Station Museum?

Are you employed? F/T P/T NO Are you in school? F/T P/T NO

Are you willing to submit to a criminal record check? YES NO

Current Availability:

Monday <input type="checkbox"/> AM <input type="checkbox"/> PM	Tuesday <input type="checkbox"/> AM <input type="checkbox"/> PM	Wednesday <input type="checkbox"/> AM <input type="checkbox"/> PM
Thursday <input type="checkbox"/> AM <input type="checkbox"/> PM	Friday <input type="checkbox"/> AM <input type="checkbox"/> PM	Weekend <input type="checkbox"/> AM <input type="checkbox"/> PM

Emergency Contact:

Please indicate a friend or relative that could be contacted in case of emergency.

Name: _____ Relationship _____

Phone: (H): _____ (W): _____

Where did you learn about volunteering at the Port Moody Station Museum? _____

SIGNATURE: _____ DATE: _____

Thank you for your interest in the Port Moody Station Museum.
 Please Return To: Port Moody Station Museum-2734 Murray St., Port Moody, B.C. V3H 1X2 or
info@portmoodymuseum.org.
 Applicants will be contacted when an appropriate opportunity becomes available.
 Applications are held for one year.