



**Port Colborne Historical and Marine Museum
L.R. Wilson Heritage Research Archives
Arabella's Tea Room
Roselawn Centre**

STAFF USE ONLY

VOLUNTEER APPLICATION FORM

Please complete all areas.

Personal Information is collected under the authority of the Municipal Act, R.S.O. c.302 (as amended) and will be used to determine suitability for any of the volunteer positions.

If you need assistance with this form, staff will be pleased to help you.

Personal Information

First Name: _____ Last Name: _____

Address: _____

City/ Town: _____ Postal Code: _____

Phone: (Home) _____ Phone: (Mobile) _____

Email: _____

Are you volunteering to fulfill your 40 hours of community service requirement for graduation?

YES NO If YES, what school do you attend: _____

Have you volunteered for the Port Colborne Historical and Marine Museum, Wilson Archives, Arabella's Tea Room, or Roselawn Centre in the past? YES NO If YES, please indicate when: _____

Do you hold a valid qualification for which you can provide proof for: First Aid

CPR

Are you willing to attend an orientation session? YES NO

Are you 18 years of age or older? YES NO

Have you ever been convicted of a criminal offense for which a pardon has not been received?

YES NO

Continued on Next Page

Please indicate your volunteer interests:

- Museum:**
- Special Events (i.e. Canal Days, Pie Social, Christmas Festival etc.)
 - Cataloguing
 - Education Programmes (i.e. School Tours)
 - Conservation/ Collection Care
 - Gardening

Comments: _____

- Archives:**
- Land Deeds project
 - Indexing/ Creating Finding Aids
 - Research Assistant
 - Tours/ Workshops Assistant

Comments: _____

Arabella's Tea Room:

- Kitchen Duties (i.e. baking, dishes)
- Serving Duties
- Special Events Only
- Convenor
- Auxiliary

Comments: _____

Roselawn Centre:

- Special Events
- Conservation/ Heritage Building Maintenance
- Gardening

Comments: _____

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Do you have any skills, experience, or interests you'd like us to know about?

Personal Reference (not related to you):

Name: _____ Phone: _____

Address: _____

Person to Contact in case of an Emergency:

Name: _____ Phone: _____

Relationship: _____

I acknowledge that the information provided in this form, is, to the best of my knowledge, accurate.

Date: _____

Signature of Applicant: _____

Signature of Parent or Guardian (if applicant is under 18 years of age): _____