



ELGIN AREA HISTORICAL SOCIETY

Volunteer Application

Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Birthday _____

In case of emergency contact _____

Education:

School _____ City _____ Years _____ Major _____

School _____ City _____ Years _____ Major _____

Current Employment _____ Title _____

Address _____ Supervisor _____

Foreign Languages _____

Special Skills _____

Volunteer Experience _____

Other Current Organizational Affiliations _____

Availability:

Day(s) per week _____ Hours _____

What are your objectives in seeking a volunteer position at the Elgin History Museum?
