

BLAIR COUNTY HISTORICAL SOCIETY

Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Occupation _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience: _____

In which of the following would you like to participate? (Check one or more.)

- Docent
- Facility Maintenance
- Visitor Center/Museum Store attendant
- Special Events support
- Exhibits
- Archiving
- Clerical
- Fundraising

Your availability

Monday From: Museum CLOSED

Tuesday From: _____ To: _____

Wednesday From: Museum CLOSED

Thursday From: _____ To: _____

Friday From: _____ To: _____

Saturday From: _____ To: _____

Sunday From: _____ To: _____

How many hours do you plan to volunteer? _____

Additional Comments:

Please email form to: director@blairhistory.org or mail to: 3419 Oak Lane, Altoona, PA 16602

For Administrative Use only:

Approved _____ Date: _____

BCHS Representative print name / sign and date form and file hard copy