## Blair County Historical Society Volunteer Application

First Name	_		_	
Last Name	_			
Address	_			
City/State/2	Zip _			
Home Phone		Cell Phone		
Email	_			
Occupation	) -		_	
I am intere	sted in vo	olunteering for the following types of activities:		
	DOCENT			
	FACILITY	Y MAINTENANCE		
П	VISITOR	R CENTER/MUSEUM STORE ATTENDANT		
		L EVENTS SUPPORT		
	EXHIBITS			
	ARCHIVI			
	CLERICA			
Ш	FUNDRA	AISING		
	Other:		_	
Professional	training,	skills, hobbies:		
Previous volu	unteer ex	perience:		
Community a	affiliation	s (Club, Service Organizations, etc.):		
Your availabi Gift Ship and Monday	•	ours are Friday, Saturday and Sunday 11am-3pm May – December) MUSEUM CLOSED		
Гuesday		From: To:		
Wednesday		From: To:		
Γhursday		From: To:		
- Friday		From: To:		
Saturday		From:To:		
Sunday		From: To:		

Administrative Use Only: Approved by BCHS Representative: \_\_\_\_\_\_ Date: \_\_\_\_\_