



Meet  
me at the  
museum!

## Volunteer Application

Date \_\_\_\_\_

*Note: Personal information collected on this form is protected by **British Columbia's Freedom of Information and Protection of Privacy Act***

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact: \_\_\_\_\_

What would you like to get from your experience as a volunteer at the Museum?

---

---

Areas of Interest (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Administration                    | <input type="checkbox"/> Reception/Gift Shop  | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Collections                       | <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Docent         |
| <input type="checkbox"/> Exhibits                          | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Kitchen helper |
| <input type="checkbox"/> Gardening                         | <input type="checkbox"/> Maintenance          | <input type="checkbox"/> Research       |
| <input type="checkbox"/> Special Events                    | <input type="checkbox"/> Website              | <input type="checkbox"/> Genealogy      |
| <input type="checkbox"/> Board of Directors                |   | <input type="checkbox"/> Marketing      |
| <input type="checkbox"/> Community Programming for all age |   |   |

**(Page 2 of 3)**

Other interests/hobbies that you might like to **share** with others?

---

---

Why would you like to volunteer at the museum?

---

---

Previous relevant employment, volunteer, or educational experiences

Please list any informal or formal training or education you feel would be important

---

---

Are there health issues that would affect/restrict your duties?

Yes  No

Do you have Food Safe?

Do you have First Aid?

Availability?

Weekdays       Evenings       Weekends

Morning       Afternoon       Evening

Specific Days/Hours

The Shawnigan Lake Historical Society is committed to the safety and security of its volunteers, staff, and the community at large, and the resources entrusted to its care. A risk assessment is conducted for each volunteer position. Depending on the degree of risk identified, the Society may ask for a reference check.

I agree to abide by the policies and procedures of the Shawnigan Lake Historical Society. My signature confirms my understanding and acceptance of the information contained on this form. I also certify that the information provided on this volunteer registration form is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the volunteer is a minor, we will require a signature from a parent.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide two (non-family) references of individuals (email and/or phone number) who have supervised you within the last three years:

---

---

---

- Reference Check    Criminal Record Check
- Oath of Confidentiality Check

I hereby authorize the museum to maintain this information in the museum records, with the understanding that it will not be shared outside of the museum.

Furthermore, I understand and will respect the confidential nature of information that I may access in performing my volunteer duties for the museum.

Signature

Parent/Guardian (if under 16)