



# Volunteer Application

## Volunteer Information (Please Print)

Legal Name: (First & Last)	Preferred First Name:
Age Range: <input type="checkbox"/> 14 & under <input type="checkbox"/> 15-18 <input type="checkbox"/> 19-30 <input type="checkbox"/> 30-55 <input type="checkbox"/> 55-70 <input type="checkbox"/> 71+	
Home Phone:	Cell Phone:
Email:	
Emergency Contact:	Relationship:
Home Phone:	Cell Phone:
Do you have any medical conditions that we should be aware of? (allergies or physical health concerns)	

## What are your areas of interest? Please check all that apply:

(role descriptions listed at [www.gulfofgeorgiacannery.org/join-give/volunteer](http://www.gulfofgeorgiacannery.org/join-give/volunteer))

- |   |  |
|---|--|
| <input type="checkbox"/> Education Programs               | <input type="checkbox"/> Visitor Services              |
| <input type="checkbox"/> Guided Tours                     | <input type="checkbox"/> Cannery Farmers' Market       |
| <input type="checkbox"/> Special Events                   | <input type="checkbox"/> Archival Reserach/Collections |
| <input type="checkbox"/> Student/Youth Leadership (15-19) | <input type="checkbox"/> Gift Shop                     |

**Why do you want to volunteer?**

**Describe your previous work or volunteer experience:**

**What language(s) do you speak?**

**Please provide a reference (from a supervisor or teacher):**

Name:	Phone:
Email:	Relationship:

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<b>Applicant Signature</b>	<b>Date:</b>
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Volunteers under the age of 18 must have this form signed by a parent or legal guardian.

*As guardian, I give my consent for \_\_\_\_\_ to participate in volunteer activities at the Gulf of Georgia Cannery National Historic Site.*

<b>Name of Guardian:</b>	
<b>Signature</b>	<b>Date</b>