

DesBrisay Museum Volunteer Application Form

Fax or mail completed application form to:
Barb Thompson, Director
DesBrisay Museum
c/o 60 Pleasant Street, Bridgewater, NS B4V 3X9
Fax: (902) 543-4713

Name: _____

Address: _____

Telephone - Home: _____ **Work:** _____

E-Mail: _____

Place of Employment / Occupation: _____

Check your area of interest.

- | | |
|---|--|
| <input type="checkbox"/> Interpreter Guide | <input type="checkbox"/> Education Program Assistant |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Collections Assistant |
| <input type="checkbox"/> Volunteer Receptionist | <input type="checkbox"/> Research Assistant |
| <input type="checkbox"/> Youth Volunteer (<i>Must be age 13 or older</i>) | |

Have you had any experience working with children and youth?

Yes:___ **No:**___ **If yes, please provide details:**

Describe any previous or present volunteer jobs, or previous museum experience.

What skills and/or expertise can you bring to the Museum?

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What sorts of jobs would you prefer NOT to do at the Museum? (i.e. answer phone, use cash register)

What would you most like to learn during your volunteer experience?

Do you prefer to use your current skills or do you want to learn something completely different?

Would you prefer a one-time volunteer experience, or a regularly scheduled assignment? _____

Do you prefer to work alone or in a group? _____

Do you like active busy work areas, or quiet spots? _____

Thanks for applying for a volunteer position at DesBrisay Museum. All volunteers accepted must undergo a police check.



Office Use Only:

Date received: _____

Contact made by: _____

Interview scheduled: _____

Comments:
