



Application To Volunteer



Personal Information

Name _____ Phone _____

Address _____ City/Town _____

Postal Code _____ email _____

Youth (12 – 16 years)

Adult

Date of Birth (under 16 years) _____

Emergency Contact

Name _____ Relationship to Volunteer _____

Phone daytime _____ Phone evening _____

Why do you want to Volunteer with the Pickering Museum Village?

Please indicate all areas of interest

- | | | |
|--|--|--|
| <input type="checkbox"/> behind scenes (set-up & clean up) | <input type="checkbox"/> children's activities | <input type="checkbox"/> clerical |
| <input type="checkbox"/> collections management | <input type="checkbox"/> costume maintenance | <input type="checkbox"/> costumed interpretation |
| <input type="checkbox"/> gardening (bloomers & britches) | <input type="checkbox"/> gate admissions | <input type="checkbox"/> choral society |
| <input type="checkbox"/> off-site promotions | <input type="checkbox"/> parades | <input type="checkbox"/> parking attendant |
| <input type="checkbox"/> repair & maintenance | <input type="checkbox"/> research | <input type="checkbox"/> security |
| <input type="checkbox"/> steam barn | <input type="checkbox"/> Woodwright Guild | <input type="checkbox"/> Backwoods Players |
| <input type="checkbox"/> Dancing (Stepping in Tyme) | <input type="checkbox"/> Musical Accompaniment | |

If interested in costumed interpretation, please complete the following

Height _____ Shirt/Blouse size _____ Pant/Skirt size _____ Inseam _____

Please list any related experience (profession, courses, volunteerism, interests etc.)

Availability *(Please list days & times you are available)*

Weekdays

Week Nights

Weekends Saturday

Sunday

Holidays

References

Name

Address

Phone

1.

2.

3.

Signature of Volunteer

Date

Signature of parent of guardian *(if applicant 17 years or younger)*

Thank you for considering a volunteer opportunity
with the City of Pickering, Culture & Recreation Division

"Personal Information collected on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act".

Office Use Only	
Date Received	Interview Date/Time
Reference Check completed	Date
Comments	

Return application to:

Pickering Museum Village
c/o The City of Pickering
One The Esplanade
Pickering, ON L1V 6K7

fax: 905.686.4079