

ANTHRACITE HERITAGE MUSEUM & IRON FURNACES ASSOCIATES VOLUNTEER APPLICATION



Name _____ Birthday (Month) _____ (Day) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

In case of emergency please call:

Name _____ Relationship _____ Telephone _____

Physician's Name _____ Telephone _____

Circle the position(s) you are interested in volunteering for:

ACTIVITIES COORDINATOR

CARPENTRY

CLERICAL

COMPUTER

CURATORIAL ASSISTANT

GIFT SHOP CLERK

LIBRARY ASSISTANT

MAILINGS

MAINTENANCE

MARKETING

MEMBERSHIP

PROGRAM ARRANGEMENTS

PUBLICITY

RECEPTIONIST

RESEARCH ASSISTANT

TOUR GUIDE

OTHER

SUMMER CAMP

GENERAL REMARKS/SPECIAL CONDITIONS:

Please provide any general remarks and list any conditions to be considered when working as a volunteer, such as: no summer work, small children, unable to stand for long periods of time, etc.:

AVAILABILITY:

I can volunteer on the following days and times:

Monday from _____ to _____

Tuesday from _____ to _____

Wednesday from _____ to _____

Thursday from _____ to _____

Friday from _____ to _____

Saturday from _____ to _____

Sunday from _____ to _____

Signature _____ Date _____

THANK YOU FOR YOUR INTEREST IN THE ANTHRACITE HERITAGE MUSEUM

22 Bald Mountain Road, Scranton PA 18504 | 570-963-4804 | anthracitemuseum.org