

SUDBURY REGION POLICE MUSEUM



Volunteer Application

Personal Information:

Name: _____ Address: _____
City: _____ Province: _____
Postal Code: _____
Phone (home): _____ Phone (work): _____

** In the event of an emergency, please indicate a contact person**

Name: _____ Address: _____
City: _____ Province: _____
Postal Code: _____ Relation: _____
Phone (home): _____ Phone (work): _____

Current Employer:

Name of Organization: _____ Phone (Optional): _____

Volunteer Experience:

Volunteer Position: _____
Name of Organization: _____
Timeframe: _____
Reported to: _____
Duties Involved: _____

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Name of Organization: _____
Timeframe: _____
Reported to: _____
Duties Involved: _____

Skills:

Please list any addition skills that you feel would contribute to our Museum:

Please list any leisure activities or hobbies you are involved in:

S.R.P. Museum

Commitment:

What is your level of commitment to volunteer with the Sudbury Region Police Museum? *(Please check all that apply)*

- Mornings
- Afternoons
- Evenings
- Daily
- Weekly
- Bi-weekly
- Monthly
- Special Events
- Other: _____

Please indicate the position(s) that you are interested in:

- Tour Guide
- Fundraising
- Special Events
- Publicity
- Conservation
- Administration
- Education
- Other: _____

Your information will remain confidential and limited to the Volunteer Coordinator, Museum Manager and Chair of the board of Directors. Your general information (i.e. name, address and phone number) will be added to our Volunteer Database.

- Please add an "X" in the square to signify that you have read and understood this.

Date: _____ Signature: _____

**** Please note that a Police Check will be conducted on all prospective volunteers****

Office use:

Position _____ Schedule _____
 Start Date _____ End Date _____
 Total Volunteer Hours _____

S.R.P. Museum