



2018 Volunteer Application

The Blairstown Museum offers volunteers the opportunity to gain exposure to the workings of a history museum and to contribute services to various departments within the Museum. Candidates must be willing to make a commitment to serve as a Blairstown Museum volunteer and should have an interest in local history or museums, a flexible attitude toward working with others, and an understanding that reliability is important.

TELL US ABOUT YOURSELF

First Name	Middle Name	Last Name
Street Address	City	State & Zip Code
Home Phone	Cell Phone	Email Address
Date of Birth	Place of Birth	Social Security Number
Employer Name	Employed Since	Current Position

Gender: Male Female Age: Under 18 18 – 65 65+
Ethnicity: African American / Black American Indian Asian
 Caucasian / White Hispanic/Latino Other / Multiple

***This information is collected for use in grant applications and reporting.
Providing this information is completely voluntary.***

CRIMINAL HISTORY

Have you ever been convicted of a felony? Yes No

EXPERIENCE

Have you ever volunteered or been employed in a museum before? Yes No

If yes, please explain your experience.



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ABILITIES / SKILLS / LANGUAGES

Please list any abilities and skills you possess, which would benefit the Blairstown Museum.

LIST ALL CIVIC ORGANIZATIONS YOU HAVE BEEN OR ARE A CURRENT MEMBER OF

WHAT VOLUNTEER AREAS ARE YOU INTERESTED IN (CHECK ALL THAT APPLY)

<input type="checkbox"/> Community Outreach	<input type="checkbox"/> History Passport	<input type="checkbox"/> Letters For Santa
<input type="checkbox"/> Little Free Library	<input type="checkbox"/> Living History	<input type="checkbox"/> Museum Staff
<input type="checkbox"/> Research Assistance	<input type="checkbox"/> Trolley Tours	<input type="checkbox"/> Walking Tours

WHEN WOULD YOU LIKE TO VOLUNTEER (CHECK ALL THAT APPLY)

Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Unsure	<input type="checkbox"/> Contact me as volunteers are needed		

REFERENCES

Name	Relationship	Phone
Name	Relationship	Phone



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PERSONAL STATEMENT

Tell us why you believe you are a good volunteer candidate.

ALLERGIES

Please list all known and suspected allergies.

WHO IS YOUR EMERGENCY CONTACT

Name	Relationship	Phone
Street Address	City	State & Zip Code
Home Phone	Cell Phone	Email Address

SELECTION PROCESS

All potential volunteers must:

- ✓ Complete an application and supply two verifiable references.
- ✓ Agree to and pass a drug test and background check.
- ✓ Pass an informal interview and complete all training requirements.



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SUBMIT APPLICATION

I agree to hold Blairstown Museum, its agents, officers, employees and volunteers harmless from any liability, loss, expense or claim for injury or damages arising from my participation in this volunteer program.

Your Signature

Date

THANK YOU

We thank you for having the desire to volunteer at the Blairstown Museum. You may submit your completed application via:

In-Person Delivery

Blairstown Museum
26 Main Street Blairstown NJ 07825

Mail

Blairstown Museum
PO Box 109 Blairstown NJ 07825

Friday and Saturday 10:00 am to 6:00 pm
Sunday 10:00 am to 2:00 pm

Email

info@blairstownmuseum.com

DISCLAIMER

Members of the Blairstown Museum's Board of Trustees are legally required to fulfill their fiduciary duties and make decisions that will further support the Blairstown Museum's mission. It is incumbent upon them to act in a manner which will assist the museum's desire to exist in perpetuity. All submissions will be carefully reviewed and decisions will be issued within 45-days of receipt of this completed application. We reserve the right to deny any application.