



Volunteer Application

PO Box 428, 7590 Court Street
Elizabethtown, NY 12932
518-873-6466 ■ www.adkhistorymuseum.org

Date _____

Name _____

Address _____

Phone _____ Email _____

Emergency Contact _____

Thank you for your interest in volunteering with the Adirondack History Museum. We offer a variety of volunteer projects for you to work on. Some may require a regularly scheduled day per week or once a week on any day or once a month. Some projects may be seasonal. We will work with you to find the project to best suit your availability and interests.

What is your availability (days, times, number of hours, seasonal)? _____

Which volunteer activities are you interested in?

Museum Reception Desk (requires regular scheduled day availability) _____

Archival collections (letters, papers, photographs, etc.) _____

Research library _____

Computer data entry (museum/archives/library catalog software) _____

General building & grounds projects _____

Exhibit preparation _____

Do you have any previous library, archives, or museum experience? _____ If yes, please describe:

Please specify your computer skills and describe previous work or volunteer experience using computers:

Tell us about your work experience, volunteer activities, education, regional interest and connections:

What are your hobbies and interests?

Please provide the names and contact information for two professional or personal references.

1.

2.