



VOLUNTEER APPLICATION FORM
Museums of Old York

(Please Print)

Personal Information

Date: _____

Name

Date of Birth

Address

City

State

Zip

Phone

Email

Volunteer Interests

- Baking for Community Events
- Library and Archives Volunteer
- Museum Shop Volunteers
- Volunteer Photographer
- Walking Tour Guide
- Oral History Transcription

- Community Events Volunteer
- Bulk Mailing Crew
- Living History Education
- Museum Tour Guide
- Needle Wizards Sewing Circle
- Specialized Interest

Board or Committee Interests

- Board of Trustees
- Collections Committee
- Finance Committee

- Development & Marketing Committee
- Buildings and Grounds Committee
- Investment Committee

Decorator Show House

- Committee Member
- Pre-Show Volunteer

- Show House Docent
- Parking & Traffic Control

Experience

Please describe any relevant experience or training, including previous volunteer work:

Additional Information

Please let us know if you have any questions or specific interests we might be able to accommodate:

Please submit the completed form to Volunteer Coordinator, Museums of Old York, P.O. Box 312, York, ME 03909 or email development@oldyork.org. ***Thank you for your interest!***