

Delhi Tobacco Museum & Heritage Centre
Volunteer Application and Information Form

Contact Information

Name: _____

Address: _____ Postal Code: _____

Tel: _____ Mobile: _____

Email: _____

Background Information

What interested you in becoming a volunteer at the Delhi Tobacco Museum & Heritage Centre? What would you like to accomplish in volunteering at the Museum? Please specify.

What areas of service are most interesting to you? Please check all that apply.

- Events**
 - Plan/Organize**
 - Present**
- Workshops (Instructor or Lead)**
- Programming (Educational)**
- Programming (Museum Mania Summer Programme)**
- Cataloguing & Collections**
- Exhibit Development and Design & Installation**
- Special Projects or Other**

What previous experiences or skills do you have that would pertain to your interests, as specified above?

What certificates or credentials do you have that you would feel are an asset to the Museum (First Aid/CPR Certificate, Food Handler Certificate, High Five Certificate, Smart Serve, WHMIS, AODA, etc.)? Please specify.

What is your availability? Please check all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Evening							

Volunteer Signature: _____ Date: _____

Museum Staff Signature: _____ Date: _____

For Office Use Only

- Application Form
- Criminal Reference Check with Vulnerable Sector Screening

Copies of Certificates Provided/Completed. * As listed above.

- First Aid/CPR Certificate
- Food Handler Certificate
- High Five Certificate
- Smart Serve
- WHMIS
- AODA
- Other _____