

## Norfolk County Volunteer Registration Form

**I am interested in volunteering at: (Select all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Delhi Tobacco Museum & Heritage Centre   | <input type="checkbox"/> Eva Brook Donly Museum    |
| <input type="checkbox"/> Waterford Heritage & Agricultural Museum | <input type="checkbox"/> Port Dover Harbour Museum |
| <input type="checkbox"/> Teeterville Pioneer Museum               | <input type="checkbox"/> Norfolk Arts Centre       |

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Volunteer and Work Experience:**

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**Special skills, training, interests, hobbies, etc.:**

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Physical/Allergy Considerations: \_\_\_\_\_

**What would you like to gain from your role as a Volunteer?**

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**Times Available:** (Select all that apply)

- |                                    |                             |                             |
|------------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
- 
- Weekly
  - Bi-weekly
  - Monthly
  - Occasionally

**I am interested in volunteering with:** (Select all that apply)

- Collections
- Front Desk/Greeter
- Special Events
- Archives
- Children/Youth Programming
- Landscaping/Gardening
- Special Projects
- Building/Repair Projects

**Pledge of Confidentiality**

I understand and agree that in the performance of my duties as a volunteer, with Norfolk County, I must not divulge information received by me in the course of carrying out my duties except where required by law or with the prior written consent of a General Manager, or his/her authorized representative. Furthermore, I shall not use at any time during my service as a volunteer, or thereafter, any of the information acquired by me during the course of carrying out my duties, for any purposes other than purposes required by law or authorized in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Youth Volunteers: (Under 18 years of age)**

I am the Parent/Legal guardian for the youth named above. He/she has my permission to participate as a Youth Volunteer with Norfolk County Heritage & Culture Department.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_