



VOLUNTEER APPLICATION

Thank you for your interest! Once this application is submitted, BAHS staff will be in touch with you to set up a time to meet and to share more information about volunteer opportunities and to schedule an introductory training session.

All information provided is confidential.

CONTACT INFORMATION

First Name _____ Last Name _____

Phone Number/Home: _____ Phone Number/Cell: _____

Street _____ City _____ State _____ Zip _____

Is this a seasonal address? If yes, please indicate dates: _____ to _____.

Second Address Street: _____

City _____ State _____ Zip _____

Email Address: _____ Are you at least 16 years of age? Yes No

How did you hear about us? ___ Facebook ___ Friend/Family Member ___ Newspaper
___ School ___ Website ___ Community Fair/Festival

PERSONAL INFORMATION

Education Highest degree/level completed _____

Last school attended _____

What was your area of study? _____

Employment Current/Most recent job title _____

Current/Most recent place of employment _____

SKILLS, INTEREST & EXPERIENCE

Please let us know your personal, academic, and professional experiences, interests, and skills for opportunities based on these backgrounds.

___ Art/Art Education ___ Collections Management ___ Clerical/Mailing/Data Entry

___ Construction ___ Customer Service ___ Docent ___ Education ___ Film

Production/Editing ___ Finance/Accounting ___ Genealogy ___ Graphic Design

___ Hospitality Services ___ Journalism/Writing/Editing ___ Landscaping/Gardening

___ Legal ___ Photography ___ Research ___ Social Media ___ Teaching/Education

___ Technology ___ Youth Engagement

Other:

VOLUNTEER EXPERIENCE

Name of previous volunteer organization _____

Name of previous volunteer supervisor _____

Previous supervisor's contact information _____

Previous volunteer responsibilities/job description _____

Languages spoken other than English (ex: Spanish, American Sign Language) _____

How much time are you interested in contributing?

____ One-time Only ____ Monthly ____ Weekly ____ Short-term Project ____ Substitute

What days are you available? ____ Monday ____ Tuesday ____ Wednesday ____ Thursday

____ Friday ____ Saturday ____ Flexible

REFERENCES Please provide two references (not related)

Reference 1 Name _____ Relation to you _____

Address _____

Phone _____ Email _____

Reference 2 Name _____ Relation to you _____

Address _____

Phone _____ Email _____

OTHER INFORMATION YOU'D LIKE TO SHARE: _____

Print Name: _____ Date: _____

Signature: _____

Benzie Area Historical Society & Museum
PO Box 885
Benzonia, MI 49616
info@benziemuseum.org www.benziemuseum.org