



Sunshine Coast  
**Museum**  
& Archives

716 Winn Road, P.O. Box 766  
Gibsons BC V0N 1V0  
Phone/Fax (604)886-8232  
scm\_a@dccnet.com  
www.sunshinecoastmuseum.ca

## Volunteer Application Form

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

Cell Number \_\_\_\_\_ Best time to call \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Occupation \_\_\_\_\_ Under 19\_\_\_ 19-45\_\_\_ 46-60\_\_\_ Over 60\_\_\_

Employer/school \_\_\_\_\_ SCMA Member\_\_\_ Non-Member\_\_\_

1. How many hours per week can you contribute to the museum? \_\_\_\_\_

Please circle days available. T W TH F SA SU

Preferred volunteer hours: Morning\_\_\_ Afternoon\_\_\_

2. Please, briefly state any other volunteer work experience.

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3. Please, briefly state why you would like to volunteer with us.

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4. Do you have a specific achievement goal you wish to accomplish through this volunteer placement?

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5. What are your hobbies and interests? \_\_\_\_\_

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6. What areas or committees are you interested in working with?

Accessioning \_\_\_ Archival \_\_\_ Tour Guide/Docent \_\_\_ Events \_\_\_

Fundraising \_\_\_ PR/Promotions \_\_\_ Resource Development \_\_\_

Computer/typing \_\_\_ Maintenance \_\_\_ Social \_\_\_ Cleaning \_\_\_

Garden \_\_\_ Display design/construction \_\_\_ Office \_\_\_

Other (Please Specify) \_\_\_\_\_

Signature \_\_\_\_\_

Thank you for your interest! We will be in touch.

