

Museum Volunteer Application Form

Museum of Natural History

Fax or mail completed application form to:

Curator of Education & Public Programs
Museum of Natural History - Interpretation Section
1747 Summer St. Halifax, NS B3H 3A6
fax: (902) 424-0560

Name: _____

Date: _____

Address: _____

Telephone - Home: _____ Work: _____

E-Mail: _____

Place of Employment / Occupation:

Are you a student? Yes: _____ No: _____

Are you 15 years of age or older? Yes: _____ No: _____

Put a check beside type of volunteer position desired:

Education Programs - Museum of Natural History
Public Programs - Museum of Natural History
Education Programs - Maritime Museum of the Atlantic

EDUCATION:

Secondary: Highest grade successfully completed _____

High School _____

Post Secondary: Level of Study _____

Field of Study _____

Educational Institution _____

Additional skills, training, professional qualifications, interest,
hobbies, languages, etc.

Participation in Museum classes requires a minimum commitment of four months. Are you able to commit to a morning or afternoon, once a week?

State preferred days and times:

Have you ever had any experience working with children and youth?

Yes:_____ No:_____

Please describe:

Describe any previous or present volunteer jobs:

Describe any previous museum experience, including programs, collections or research.

Please provide three current references.

Name: _____ Occupation: _____

Address: _____

Telephone - (Home): _____ (Work): _____

Name: _____ Occupation: _____

Address: _____

Telephone - (Home): _____ (Work): _____

Name: _____ Occupation: _____

Address: _____

Telephone - (Home): _____ (Work): _____

- *We can not guarantee your placement in a volunteer position.*
- *For certain programs or events a police check may be necessary.*

Office Use Only:

Date received: _____ Interview scheduled: _____

Contact made by: _____