

# Aiken County Historical Museum Volunteer Application

(Please Print)

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

I wish to get involved with: (Check all that apply)

\_\_\_\_\_ Museum Tours (Adult)

\_\_\_\_\_ Research/Inventory

\_\_\_\_\_ Education (In-school trunk shows, children's programs, tours)

\_\_\_\_\_ Visitor Services (Front desk, after hours events)

\_\_\_\_\_ Special Events

\_\_\_\_\_ Museum Store

\_\_\_\_\_ Hands-on Work, Skilled and Unskilled (Carpentry, painting, gardening, etc.)

Particular skills or talents:

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Do you have any physical or medical limitations that would prevent you from performing certain tasks or walking up and down stairs?

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Describe any experiences that might help with your role as a docent volunteer with ACHM. (Volunteer experience, education, career, hobbies, people skills, etc.)

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