

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"/> Port Dover Harbour Museum |
| <input type="checkbox"/> Norfolk County Archives | <input type="checkbox"/> Eva Brook Donly Museum |
| <input type="checkbox"/> Waterford Heritage & Agricultural Museum | |

Name: _____ Date: _____

Address: _____

Postal Code: _____ Telephone: _____

E-Mail Address: _____

Emergency Contact: _____

Relationship: _____ Telephone: _____

Volunteer and Work Experience:

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

Physical/Allergy Considerations: _____

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

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: _____