



ROME HISTORICAL SOCIETY VOLUNTEER APPLICATION

E-MAIL TO MUSEUM@ROMEHISTORICALSOCIETY.ORG

NAME:

DATE:

Preferred way to be contacted:

PHONE NUMBER:

E-MAIL:

What interests you in volunteering at RHS? Do you have hour requirements, want to develop skills, spend time around history, or get involved in the community?

Do you have skills that might benefit RHS that you would like to share? Where would you like to help?

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Librarianship | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Landscaping/Gardening | _____ |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Graphic Design | _____ |
| <input type="checkbox"/> Computer Programs | <input type="checkbox"/> Curation | _____ |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Cashiering | _____ |
| | <input type="checkbox"/> Hand/Power Tools | _____ |

What might you want to learn while volunteering?

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> Research Library | <input type="checkbox"/> Property Maintenance/Janitorial | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Collection/Curation | <input type="checkbox"/> Office/Clerical | _____ |
| <input type="checkbox"/> Museum Tours | <input type="checkbox"/> Gift Shop | _____ |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Fundraising | _____ |

What is your availability? Would you like to volunteer regularly or as needed?

Days	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	Saturday
Hours					

200 CHURCH ST. ROME, NY 13440 - (315)336-5870 www.romehistoricalsociety.org

Members are an essential part of the Rome Historical Society. Thank you for your interest and support!



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References: *Please provide the names, numbers, and affiliations of three references.*

Name:	Phone Number:	How do you know this person?
1.		
2.		
3.		

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