

**Milton House Museum Volunteer Form  
Update March 2023**

**Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Work Experience** *(If applicable)*

**Most recent position**

Company: \_\_\_\_\_ Title: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Experience** *(If applicable)*

**Most recent volunteer position**

Organization/Company: \_\_\_\_\_ Position: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Skills/Experience** *(Please check all that apply)*

Typing  Cash handling  Handywork

Microsoft Word  Square System  Gardening

Microsoft Excel  Guiding Tours

Microsoft Power Point  Archival Experience

Canva  Supervisory Role

Customer Service  IT

**Area of volunteering interest (Please check all that apply)**

Museum Tour Guide       Front Desk       Special Events  
 Archives & Genealogy       Social Media / Marketing       Grant Writing  
 Gardening Crew       Buildings and Grounds Committee       Other

**Availability (Please check all that apply)**

*Morning Hours: 10 am – 1 pm; Afternoon Hours: 1 pm – 4 pm; All Day: 10 am – 4 pm*

Tuesday       Morning       Afternoon       All Day  
Wednesday       Morning       Afternoon       All Day  
Thursday       Morning       Afternoon       All Day  
Friday       Morning       Afternoon       All Day  
Saturday       Morning       Afternoon       All Day  
Sunday       Morning       Afternoon       All Day

**Reference (Cannot be a relative)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Number of years known: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**AUTHORIZATION FOR BACKGROUND CHECK**

*Since our volunteers work closely with members of the public of all ages, the Milton House Museum requires a background check to be done on an annual basis for all of our volunteers.*

I, \_\_\_\_\_, hereby authorize the Milton Historical Society to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application to volunteer will not be processed further.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date