

Port Fairy Historical Society Piecing Our Past Together Assoc. Inc. No A10016131A



Port Fairy Historical Society Museum and Archives ABN 83 422 931 670 P.O. Box 152, Port Fairy Victoria 3284 Australia

Phone: (03) 5568 2263

Email: pfhsmuseumandarchives@gmail.com

Volunteer Expression of Interest

The Port Fairy Historical Society is a volunteer run organisation and welcomes expressions of interest from people who share a passion in our history. We rely on our hard working and committed volunteers to keep our Society alive and active. Volunteers bring a wide range of interests, knowledge, skill, expertise and experience which we value. Our volunteers work to support the Society's aim to preserve and promote the history and heritage of Port Fairy and District. A variety of roles are available and you may like to assist with exhibitions or the opening of the museum, or in areas such as research, collection management, archives, cataloguing or research library. There are also a number of working parties and committees that you may like to join. Volunteers must be a member of the Society.

Please feel free to approach one of our volunteers or ring the Museum and Archives centre to chat about your interest in joining our team of volunteers or complete the form attached to formalise your interest. Please note the museum hours below if you are interested in opening the Museum and being on reception.

Museum Opening Hours

Opening Hours: Summer, Spring and Autumn

Saturday, Wednesday & Public Holidays 2.00 pm. until 5.00 pm. Last entry at 4.30 pm. Sundays, 10.30am - 12.30pm. Last entry at 12 noon.

Opening Hours: Winter

Saturday 2.00 pm to 4.00 pm with last entry at 3.30 pm.

Winter School Holidays

Saturdays, Wednesdays 2.00 pm. until 4.00 pm. Last entry at 3.30 pm. Sundays, 10.30 am. - 12.30 pm. Last entry at 12 noon

Special Exhibition Hours

As advertised



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Volunteer Expression of Interest Form

Street Address City /State/ Postcode Email * Phone * * Member of Port Fairy Historical Society: Yes □ No □ Please indicate the areas you would be able to assist with Museum Opening /Reception	Full Name * Required First Name	Last Nan	ne
City /State/ Postcode Email * Phone * * Member of Port Fairy Historical Society: Yes No Please indicate the areas you would be able to assist with Museum Opening /Reception Guided Tours Publications/Sales Research Publicity/Marketing Exhibitions Collection Management Maintenance Research Library			
Email * Phone * * Member of Port Fairy Historical Society: Yes □ No □ Please indicate the areas you would be able to assist with Museum Opening /Reception Guided Tours Publications/Sales Research Publicity/Marketing Exhibitions Collection Management Maintenance Research Library	Street Address		
Phone * * Member of Port Fairy Historical Society: Yes \(\text{No} \) Please indicate the areas you would be able to assist with Museum Opening /Reception Guided Tours Publications/Sales Research Publicity/Marketing Exhibitions Collection Management Maintenance Research Library			
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Museum Opening /Reception Guided Tours Publications/Sales Research Publicity/Marketing Exhibitions Collection Management Maintenance Research Library			
Research Publicity/Marketing Exhibitions Collection Management Maintenance Research Library	Please indicate the areas you v	would be able to assist wit	h
Collection Management Maintenance Research Library	Museum Opening /Reception	Guided Tours	Publications/Sales
	Research	Publicity/Marketing	Exhibitions
Cataloguing Webpage Social media	Collection Management	Maintenance	Research Library
	Cataloguing	Webpage	Social media
Fundraising / Grants Data entry Other	Fundraising /Grants	Data entry	Other