



Volunteer Interest Form

Information:

Name: _____

Address: _____

Email: _____ Phone: _____

Interest: Collections/Exhibitions _____ Adult programming _____
Youth programming _____ Docent/tour guide _____
Greeter/bookstore helper _____ Special event _____
Development/office _____

Availability: Weekends _____ Weekdays _____ Hours per week: _____

For a specific period of time _____

As a "for credit" intern _____

Related experience: _____

_____. (Continue on reverse if needed)

Emergency Contact:

Name: _____

Relation: _____ Phone: _____

Email: _____

I understand that the Moravian Archives (MAB)/Moravian Historical Society (MHS) is not responsible for any accident or injury that may occur during my time as a volunteer. I give permission for MAB/MHS to use any images of me for publicity. I also made MAB/MHS aware of any restrictions that may affect my volunteer experience.

Signature: _____ Date: _____