Volunteer Application

Today's Date: _____ Name: _____

Birth Date (DD/MM/YYYY): _____ Address: _____

City: _____ Postal Code: _____ Phone #: _____

Email: _____

Emergency Contact (Name & Phone Number): _____

When are you available? (i.e. weekends, weekdays) _____

How did you hear about our volunteer opportunities? _____

_____

_____

Areas of Interest:

☐ Tour Guide ☐ Assisting with Museum Events ☐ Marketing Projects

☐ Youth Volunteering ☐ Fundraising Support ☐ Artifact Research

☐ Genealogy Projects ☐ Historical Society Membership

If you would like to become involved with the Burk's Falls and District Historical Society as a volunteer, please drop off, mail, or email your completed Volunteer Application form to:

Burk's Falls and District Historical Society
P.O. Box 463
827 Chetwynd Road, Burk's Falls, Ontario, P0A1C0
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info@burksfallsdistricthistoricalsociety.com

Thank you for your interest! If you have any questions, please feel free to contact us using the information below.

Burk's Falls and District Historical Society | info@burksfallsdistricthistoricalsociety.com
(705) 571-3308 | burksfallsdistricthistoricalsociety.com