Volunteer Application

Name: _____

Address: _____
Street City Zip

Phone: _____ **email:** _____

Areas of Interest: Please include work experience, hobbies, memberships in organizations, etc.

_____

_____

_____

_____

References: Include name, address & phone number

1._____

2._____

3._____

In which areas of the Museum/ Library are you interested in volunteering?

_____

_____

_____

Number of hours you are available to volunteer per week: _____

Which weekdays and times are you available?

_____

_____

_____

Please return to:

Marquette County History Museum
213 N. Front Street, Marquette, MI 49855

Phone: 906-226-3751
Fax: 906-226-0919
marquettecohistory.org