

CARNEGIE HISTORICAL MUSEUM

(641) 472-6343 fairfieldmuseum@gmail.com jeffersoncountyheritage.org/carnegie-museum



Volunteer Form

Full Name					
Email Address					
Phone Number					
Address					
EMERGENCY CONTACT INFORMATION:					
Name	Relationship	Phone			
18 years of age or older?	Lift up to 40 pounds easily? _	Can you clim	nb 3 flights of stairs?		
Describe your computer skills: Great	Nonexistent Word Pro	cessing Only			
Current employment status: full time	part time retired	student unemployed	Retired		
Your current or most recent employer (your job title, name of company, address, phone)					
Special skills, work experience, or training that you think might qualify you for museum work? Circle relevant skills:					
Data entry Information Technolog	y Graphic Design Cust	. Service Editing P	roofreading Housekeeping		
General Office Work Woodworkin	ng Writing Display De	ign Sewing Filing	Tour guide Marketing		
Photography Videography	Research Digitizing Analog	g Media Transcribing	Family History Research		

Other: Please list and describe

Why would you like to volunteer at the Carnegi	gie Historical Museum? Use back of page if necessary:	
	1-4 p.m. In addition, on the first Friday of every mon Fridays" events. (Please list the days and times you e.	
application or attachments thereto shall constitu therefrom. I authorize the Museum to obtain info	e and agree that any falsification or omission by me in ute sufficient cause for termination of any volunteer s formation concerning me from former employers, sch s, and I release all concerned from any liability in conr	ervice/internship resulting ools, and military service, as
acknowledge that the Carnegie Historical Museu	eum has the right to run a background check on me.	
Signature	Date	
Print name		
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