

(please print)

## SOOKE REGION MUSEUM

## **Volunteer Application**

Please email to info@sookeregionmuseum.ca or mail\return this completed form to: Sooke Region Museum, PO Box 774, Sooke V9Z 1H7 Corner of Sooke Rd & Phillips Rd. ph 250-642-6351

Name:				Pronouns:		Date:		
Address:								
City:				F	Postal Code			
Phone:Email:								
Emergency	Contact:(r	name and p	hone)					
l am usually a	vailable to h	elp the follow	ving times:					
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Morning								
Afternoon								
Evening								
Desired sched	dule/numbe	r of hours per	week:					
Briefly describ	oe past volu	nteer and /or	other relevo	ant experience	emphasizin	g what you en	joyed:	
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briefly describ	speciai si	(IIIS:						
The museum l pages for det		• •		rtunities. Please	e see the de	scriptions on t	he following	
☐ Collection	Collections     Programs		☐ Food Services		☐ Gardening, Grounds			
☐ Visitor Cer	ntre	☐ Events						

Please note that the government requires those working in the Visitor Centre have specialized training, which we provide. Those working with our school programs are also required by law to have a police records check. Board requires being a member of the society and standing for election at our annual meeting in January.