HERNANDO HISTORICAL MUSEUM ASSOC. VOLUNTEER APPLICATION
601 MUSEUM COURT
BROOKSVILLE, FL 34601

Please print

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Telephone _____ Date of Birth (MM/DD/YR) _____

Email Address _____

Personal Information (please circle correct response):

Gender: Male Female

Physical Limitations: No Yes (Please explain) _____

List any previous volunteer experience _____

_____

Indicate your interest/skills (Circle all that apply)

Carpentry	Cleaning	Data Entry	Festivals
Office Work	Painting	Special Events	Yard Work

Docent – Training will be provided

Volunteer availability: (Circle all applicable) Number of Days per week: 1 2 3 4 5

Tuesday Wednesday Thursday Friday Saturday

In an emergency, notify:

First Name _____ Last Name _____

Home Telephone _____ Cell Number _____

Which volunteer location? (Circle all applicable)

May Stringer House (352-799-0129)

1885 Train Depot (352-799-4766)

Ghost Tour (352-556-9571)

Countryman Family One Room School house (352-515-3054)

_____ _____

Volunteer Signature Staff Signature Date

RETURN TO Hernando Historical Museum Assoc., 601 Museum Court, Brooksville, Fl 34601
OR contact the Museums by phone at the above numbers.