VOLUNTEER APPLICATION | Waseca County Historical Society

Date			
Name			
Address			
Telephone	_Cell		
Email			
Are you a member of WCHS?	YES	NO	Cł
Have you volunteered at WCHS before?	YES	NO	EX
Are you currently volunteering elsewhere	?YES	NO	
If so, where?			
Availability: During which days and hours	are you avai	lable? FLEX	(IBLE –

Circle available times.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						
On call						

Why would you like to volunteer at WCHS?

What types of skills would you share as a volunteer?

Do you have public speaking experience? If so, describe.

REFERENCES: Please provide a reference, if you are new to WCHS.

Name ______

Address _____

Telephone _____

Relationship _____



315 2nd Ave N.E. Waseca, MN 56093 507-835-7700 Tues-Fri, 9-5

Check interests and skills.
EXHIBITS/EVENTS
Host/docent
Research assistance
Graphic design
Writing/editing
Gift Shop Display-Rotate
Merchandise
Re-enacting/Theater skills
Musical skills
ADVOCACY
Fundraising
Speaking
Presentations
Promotion
Board Member
PHYSICAL
Carpentry
Painting
Electrical
Plumbing
Maintenance
Gardening
COLLECTION
Archiving
Newspaper Indexing
Artifact processing
Sewing
Textile handling
TECHNOLOGY/SOCIAL MEDIA
Computers, tablets, etc.
Social media
Oral history interviewer
Typing/transcriptions
OTHER: