

**WHITE ROCK MUSEUM & ARCHIVES**  
**VOLUNTEER INFORMATION FORM (please print)**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Availability: \_\_\_\_\_

Birthdate: (day & month): \_\_\_\_\_

**Please list any previous Museum (or related) experience you have:**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever volunteered or served on a Committee before? If so, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**Please tell us about any special skills or interest you have:**

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**Why are you interested in Volunteering at the Museum?**

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**Do you have any health issues that we should be aware of?**

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**How would you rate your local knowledge of the White Rock area?**

**Very Knowledgeable** \_\_\_\_\_

**Some Knowledge** \_\_\_\_\_

**Limited Knowledge** \_\_\_\_\_

**How long have you lived in the White Rock area?**

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**What area of the Museum would you most prefer to work in?**

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**Office Notes:**