

## **Volunteer Application Form**

## Thank you for your interest in volunteering with the Kelowna Museum Society!

Contac	t Information:						
First Name:				Last Name:	Last Name:		
Province:Postal Code:				Telephone:	Telephone:		
Email:							
Fmerge	ency Contact In	formation:					
Name:				Relationshin:	Relationship:		
Telephone:							
	<u> </u>						
Please	indicate when	you are able t	o volunteer:				
	_Mornings	Afte	rnoons	Evenings		_Weekends	
We hav	ve many option	s available to	our volunteers	s. Please select you	ır top thre	e choices:	
	(3 hour shifts between 10:00am and 5:00pm, Monday through Saturday)						
	(Hours vary depending on class schedules)						
_							
Collections: organization, cataloguing, data entry, special projects							
_	(2 hour shifts between 10:00am and 5:00pm, Tuesday through Saturday)						
Ц	Archives: assessment, data entry, scanning						
	(2 hour shifts between 10:00am and 5:00pm, Tuesday through Saturday)						
	(Hours vary depending on events)						
	Marketing: data entry, research, special projects						
	(Hours vary depending on projects)						
List you	ur skills, interes	ts, education,	and training:				

## Please submit applications and inquiries to:

**Museum Services Coordinator** 470 Queensway Avenue Kelowna, BC V1Y 6S7 Tel: 250-763-2417

info@kelownamuseums.ca

Thank you for taking the time to fill out this application form and for supporting your Kelowna Museums. We will contact you once your application has been processed.