

Johnstown Area Heritage Association Volunteer Application

Contact Information

Name	
Street Address	
City St Zip Code	
Phone	
E-Mail Address	

Availability

Between what hours and on what days are you available for volunteer assignments?

_____Monday _____Thursday _____Saturday

_____Tuesday _____Friday _____Sunday

_____Wednesday

Time Commitment: _____

Interests

Tell us in which areas you are interested in volunteering

___ Johnstown Flood Museum

___ Immigration Exhibition

___ Children's Museum

___ Wagner Ritter House & Garden

___ Special Programs

___ Fieldtrips

___ Birthday Parties/Children's events

___ Assisting with general office duties

___ Flood City Music Fest

___ Other

Special Skills or Qualifications

Tell us any special skills and talents you could share. Related classes or training (i.e. CPR, Crisis Intervention Training, Child Development, history)

References

Criminal History Background

If you are convicted of some criminal offenses, it may result in the disqualification from volunteering at the Johnstown Area Heritage Association.

Have you ever been convicted of a crime? Y/N _____

If answered yes, please list below.

Person to Notify in Case of Emergency

Name (printed)	
Street Address	
City St Zip Code	
Home Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

