Mailing: PO Box 722 Brainerd, MN 56401 Email: history@co.crow-wing.mn.us Phone: (218) 829-3268



Volunteer Application

Thank you for being interested in volunteering at the Crow Wing County Historical Society. Society volunteers are the heart of our organization. We appreciate your willingness to volunteer your valuable time and skills to the society. You will be contacted to discuss details and your preferences. WE APPRECIATE ANY AMOUNT OF TIME, EVEN IF IT'S JUST A FEW HOURS A MONTH. To help us meet your needs as a volunteer, would you please fill out the following questionnaire.

Nam	e:	Home Phone: _		
		Cell Phone: _		
Addr	ess:	Birthday: _		
			Month	Day
1.	In what areas do you have experience or wo	ould be interested in learning?	?	
Com Spec Light (inclu Help Rese Gree	eral clerical help as needed puter (data entry and/or lookup) cial events/projects cleaning in the museum uding dusting, cleaning glass, etc) with exhibits earch in our library eter at museum front desk r skills to offer	Typing	Crow Wing (Greet Cash Set-u	ter ier
2.	We realize your time is valuable; therefore, any time you can give to the society's appreciated. If possible at this time, could you tell us which days and how many hours a week or month you would like to volunteer?			
	Monday Tuesday Wednesday _	Thursday Friday _	Saturday	/
	Hours?			
	ou enjoy working with the public?ou			
ln ca	se of emergency, whom should we contact?	Name:		
care at among and y, milotti and and we contact.		Phone:		_
		Address:		
		Relationship:		
	We screen all of our volunteer appl	licants and may do a backgro	ound check.	
S	ignature:	Date:		