



Volunteer Application

Name _____
(first) (middle initial) (last)

Address _____
(street) (city) (zip)

Best phone number to reach you () _____

Email _____

Referred by: _____

Currently Employed? Yes No

Current Occupation: _____

Are you currently attending school Yes No

High School _____

College/University _____

Placement Information

Why are you interested in becoming a Montgomery Historical Society volunteer?

List your past/present volunteer experiences:

List past/present experiences relevant to volunteering at MCHS:

Check all that Apply:

I prefer to:

- work with the public work with children work on an individual project
- work special events

You are available to volunteer: days evenings weekends

Preferred day(s): Sun Mon Tue Wed Thur Fri Sat Sun

Do you have any health issues that may limit your activities? Please explain:

Check all area(s) of service that interest you.

- Museum Docent**
 Museum Teacher
 Library
 Archives
 Administrative
 Collections
 Museum Shop

Volunteer Signature _____

Date _____

Please return completed application to:

Elizabeth Otey, Education Manager
Montgomery County Historical Society
111 W. Montgomery Ave.
Rockville, MD 20850
eotey@montgomeryhistory.org