



Volunteer Application
Date: _____

The Erie Canal Museum relies requests the following information because of our dedication and commitment to the Museum. Please complete all sections and, if possible, include a resume. When complete, please mail, email or fax to:

Erie Canal Museum
318 Erie Boulevard East
Syracuse, NY 13210

Email: vicki@eriecanalmuseum.org
Fax: (315)471-7220

PERSONAL INFORMATION:

Name: _____

Address: _____

Phone #: _____ Phone type: Home Work Cell

Email: _____

Are you interested in: Internship Volunteering

Emergency contact: _____ Emergency #: _____ Relation: _____

AVAILABILITY: (Indicate the days and times you are about to volunteer.) Date you can start:

<input type="checkbox"/> Monday AM _____ PM _____	<input type="checkbox"/> Tuesday AM _____ PM _____	<input type="checkbox"/> Wednesday AM _____ PM _____	<input type="checkbox"/> Thursday AM _____ PM _____	<input type="checkbox"/> Friday AM _____ PM _____	<input type="checkbox"/> Saturday AM _____ PM _____	<input type="checkbox"/> Sunday AM _____ PM _____
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If you are interested in an internship: Start Date _____ End Date _____ Hours required: _____

SKILLS/ INTERESTS:

Listed below are some of the volunteer opportunities we have available.
Please mark the areas that most match your skills and talents.

Docent Visitor Services Collections/Archives Special Events

Other: _____

Tell us briefly about yourself:

Special Skills or Training:

Why do you want to volunteer at the Erie Canal Museum?