

Volunteer Application

Date: _____



The Erie Canal Museum relies on volunteers to fulfill our mission to preserve Canal material, and provide engaging educational experiences that champion an appreciation and understanding of the Erie Canal's transforming effects on the past, present and future.

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 13202

Email: outreach@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?