



Northampton  
County  
Historical &  
Genealogical  
Society

610-253-1222  
342 Northampton Street  
Easton, PA 18042

sigalmuseum.org  
nchgspa.org

## Volunteer Application

### CONTACT INFORMATION

Name			
Street Address			
City, State, ZIP			
Phone Number			
Email Address			
Birth Date	Month:	Day:	Year:
Make & Model Car			
License Plate # & State			

### AVAILABILITY: DATE

I am available beginning:	Month:	Day:	Year:
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### AVAILABILITY: TIME

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

### INTEREST

Tell us in which areas you are interested in volunteering:

<input type="checkbox"/> Visitor Services	<input type="checkbox"/> Special Events	<input type="checkbox"/> Office Support
<input type="checkbox"/> Computer Tasks	<input type="checkbox"/> Library	<input type="checkbox"/> Curatorial
<input type="checkbox"/> Museum Guide	<input type="checkbox"/> Grounds / Gardening	<input type="checkbox"/> Development / Grants
<input type="checkbox"/> Marketing / Outreach	<input type="checkbox"/> Programs	<input type="checkbox"/> Internships

If you have an area of interest not listed above, please describe it here:

**SKILLS AND QUALIFICATIONS**

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**PREVIOUS VOLUNTEER EXPERIENCE**

Summarize any previous volunteer experience.

**EMERGENCY CONTACT**

Name	
Street Address	
City, State, ZIP	
Home Phone	
Cell Phone	
Email Address	

**AGREEMENT & SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that in working with children, I will need to submit to certain clearances – The Pennsylvania State Police Criminal Records check and the Pennsylvania Child Abuse History Clearance – and am willing to do this.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is under the age of 18, a parent or guardian signature is required below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OUR POLICY**

It is the policy of the Northampton County Historical & Genealogical Society to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability, or any other protected status.

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

Please return completed application to:

Sarah White, Community Engagement Coordinator. 342 Northampton Street, Easton, PA 18042  
610-253-1222; sarah@northamptonctymuseum.org