

VOLUNTEER APPLICATION

Name:			Date:	
Address:				
Telephone (H):		Cell:	Email:	
	-	-	ate, or Other current grade or year in school	
Are you retired?	Yes	No		
Please circle or selec	ct the positi	on(s) you are in	nterested in:	
Hospitality Greeter (Visitor Services) History Tour Guide (Wheatland)			Museum Educator (Education) Tanger Arboretum Volunteer Gardener (Gro	unds)
	-	-	and, please indicate the days of the week (Monday - Satu R Afternoons 1-3pm) you are interested in volunteering a	
Are you available to	volunteer d	uring the holida	ay season? (November – December) Yes No)
Most positions requ month are you inter			t to at least 4 hours per month. How many hours or days	per
We'd like to know n	nore about v	you! Please writ	te about your interests and hobbies.	
What skills do you p	ossess? (Th	ese can be comp	puter skills, language skills, or other skills and talents.)	
What do you hope t	o gain or ob	tain from volun	nteering at LancasterHistory?	



Emergency Contact Information

Emergency Contact Name: ______ Emergency Contact Phone Number:

Please Note the Following:

- A background check (volunteer clearances) may be a condition of volunteering. .
- The submission of an application does not guarantee acceptance. •
- LancasterHistory is committed to diversity, equity, and inclusion. Our Non-Discrimination Policy is • available online at https://www.lancasterhistory.org/nondiscrimination-policy.

Please submit this form to info@lancasterhistory.org and a LancasterHistory staff member will be in touch with you soon. Thank you for your interest!