



Volunteer Information

Name: _____

Address: _____

Phone: _____ Cell or Work: _____

E mail: _____

Friends of the Museum Membership date: (M/ YR) _____

Emergency Contact Information

Name _____ Phone: _____

Name _____ Phone: _____

Do you have health problems or allergies that the museum should be aware of (Diabetic, allergic to bee stings, etc.)?

Yes No If yes please describe. _____

Please indicated the day(s) and times you are available to volunteer.

Monday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Tuesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Wednesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Thursday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Friday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Saturday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
Sunday	AM <input type="checkbox"/>	PM <input type="checkbox"/>

Please indicate the areas you are interested in volunteering.

Creef Boathouse:
Woodworking, boat building and restoration, landscaping.

Marshes lighthouse:
Lighthouse docent, information, gift shop sales.

On the water programs:
Traditional watercraft, community sailing, boating instruction, crew/skipper positions, regattas.

Historical research:
Watercraft documentation, archival research, exhibits.

Education:
Workshops, environmental, kids programs, community outreach.

Administrative / Multi-media:
Newsletters, events planning, web page, photographer.