

Volunteer Form
Sombra Museum & Cultural Centre

Name: _____

Telephone: _____

Email: _____

How did you hear about volunteer opportunities at Sombra Museum?

What days/hours are best for you for volunteering?

What type of volunteer work are you interested in? Please check all that apply.

- Serving refreshments at special events
- Handling admissions at special events
- Decorating / set-up for special events
- Baking for special events
- Archival work/cataloging
- Research
- Gardening
- Giving tours
- Other: _____

Are there any tasks you do not want us to ask you to do or times in which you do not want to be asked to volunteer?

Any allergies or medical conditions you think we should know about to ensure your safety? _____

Emergency Contact

Name: _____

Relation: _____

Number: _____

Thank you for your interest in volunteering with us! Please drop off this completed form at our location, **3470 St Clair Pkwy, Sombra**, or email it to us at **sombramuseum@hotmail.com**.