## GATES HISTORICAL SOCIETY VOLUNTEER APPLICATION

Date:	-	
Name:		
Address:		
City/Zip:		
Telephone:		
Email:		
Emergency Contact:		
Skills & Interests:		
Previous Volunteer or Applicable Work Exp	perience:	
		_
How did you hear about our organization?		
Are you 14 years old or older?		
(Children are welcome volunteers for certain		ne 14 or older)
Please select areas that interest you:		
<ul> <li>[ ] Archives &amp; Museum</li> <li>[ ] Buildings &amp; Grounds</li> <li>[ ] Exhibits &amp; Events</li> <li>[ ] Fundraising</li> <li>[ ] Membership</li> <li>[ ] Newsletter reporter</li> </ul>	<ul><li>[ ] Programs</li><li>[ ] Publicity</li><li>[ ] Facebook, website</li><li>[ ] Tour Guide</li><li>[ ] Youth Activities</li></ul>	

Mail completed application to: Volunteer Coordinator, Gates Historical Society, 634 Hinchey Rd, Rochester, NY 14624, or email to: gateshistoricalsociety@gmail.com.

You will be contacted by our office to discuss your volunteer interests. Thank you for choosing to help us in our efforts!