

## Volunteer Application



543 South Main Street  
 Geneva, New York 14456  
 Phone: 315-789-5151  
 Fax: 315-789-0314

<b>Name</b>			
<b>Address</b>			
<b>Address</b>			
<b>Home Phone</b>		<b>Cell</b>	
<b>Work Phone</b>			
<b>E-mail Address*</b>			

\*(The Geneva Historical Society has my permission to contact me at the above e-mail address)

I prefer to be contacted by:            E-mail            Phone

My preferred phone contact is:        Home            Work            Cell

### Confidential Emergency Contact Information

	Name	Relationship	Phone
1.			
2.			

Special needs/restrictions/limitations (ie: allergies, physical limitations, injuries):


1. Please list/describe any hobbies, skills, talents or training that you would like us to know about.


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2. Please share why you want to volunteer at the Geneva Historical Society.


3. Which volunteer project(s) are you interested in?


4. Relevant Education or Experience:


5. Have you volunteered at another/other organization(s)? If so, please list them:


6. How did you find out about our volunteer program?


Please return this form to:  
Geneva Historical Society, 543 South Main Street, Geneva, New York 14456