

WE WANT YOU!



VOLUNTEER

at

The National Civil War Museum

There are many ways that you can help...

Improve the visitor experience by greeting guests,
manning an activity station, or as a docent in the galleries.
Catalogue and transcribe documents in the Museum Archives.
Assist with administrative needs in the offices.
Help with marketing activities both on and off site.

If you are interested in finding out more, please contact:

Mary Beth Kerekes, phone 717-210-3470, e-mail: mbkerek@nationalcivilwarmuseum.org

Or complete the form on the reverse and return by hand to the Museum Gift Shop or mail to:

Volunteers ♦ The National Civil War Museum

♦ 1 Lincoln Circle at Reservoir Park ♦ Harrisburg, PA 17103

I'd like to be considered as a volunteer.



Volunteer Information PLEASE PRINT

Full Name: _____
(include middle name)

Address: _____

Phone: _____ Email: _____

Indicate all your areas of interest:

- | | |
|---|---|
| <input type="checkbox"/> Activity Stations | <input type="checkbox"/> Content development for website material |
| <input type="checkbox"/> Artifact Cart in Galleries | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing (Museum events or trade shows) |
| <input type="checkbox"/> Presentations/Lectures | <input type="checkbox"/> Tour Guide |
| <input type="checkbox"/> Assist at special events | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cataloguing in Museum Archives | <input type="checkbox"/> Not sure |

Months Available: ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July
☐ August ☐ September ☐ October ☐ November ☐ December ☐ Year Round

Days Available: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
☐ Sunday ☐ Weekends Only ☐ Weekdays Only ☐ Flexible

Please include any particular interest, skills or experience: _____

Understanding of Background Check

I _____ understand that The National Civil War Museum will conduct a background check. I am aware that this will include (but will not be limited to) personal history, employment history, and criminal records.

Date of Birth: ____/____/____ Social Security # ____-____-____

Signature: _____ Date: ____/____/____

Please complete each section of this form, all the requested information is necessary to complete background checks.

Mail completed form to: **Volunteers ♦ The National Civil War Museum**
♦ 1 Lincoln Circle at Reservoir Park ♦ Harrisburg, PA 17103