

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:

Dane DiFebo, phone 717-260-9575, e-mail: ddifebo@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: _____ Nickname: _____

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.

Signature: _____ Date: ___/___/_____

Complete each section of this form and mail to:

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