VOLUNTEER REGISTRATION

Connecticut River Museum, 67 Main Street, Essex, CT 06426

The Connecticut River Museum is always in need of volunteers to help the Museum continue to thrive. Please let us know what volunteering interests you have. Please return forms via email to elomonaco@ctrivermuseum.org.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: (Home) _____ **(Cell)** _____

E-MAIL: _____

Are you currently a Connecticut River Museum member? YES ____ NO ____

Please check the volunteer activities that appeal to you:

_____ Administrative
_____ Collections/Exhibits
_____ Docent
_____ Education
_____ Events/Public Programs
_____ Gardening
_____ Maintenance
_____ Waterfront

Volunteer times available:

All year_____ Seasonally_____ (please specify)_____

Weekdays_____ Weekends_____ Evenings_____

Hours per day_____ Hours per week _____ Hours per month _____

Days preferred: _____

Please tell us about yourself and your special interests.

☐ **I have received and read the Volunteer Handbook**

Signature: _____

Thank you!