

Oriskany Museum Volunteer Application

Thank you for your interest in volunteering with the Oriskany Museum. Volunteers are contacted on an as-needed basis.

Name: _____

E-mail: _____

Primary Phone Number: _____

Have you previously volunteered with other organizations? Yes No

Please list your latest volunteer experiences (continue on reverse, if necessary):

Have you ever lived in Oriskany or its school district? Yes No

Did you attend Oriskany schools? If so, please list your class year: _____

Have you ever been convicted of a felony? Yes No

Please list the name and phone number of two local references.

I attest that the above information is true and accurate to my knowledge. I acknowledge that volunteers may be subject to a background or reference check. I also recognize that no volunteer work shall be conducted under the influence of drugs or alcohol. I understand that volunteer privileges are at the discretion of the museum curator.

Signature: _____ Date: _____