



## Volunteer registration form

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**Harrison County Arts / 113 E. Beaver St. Corydon, IN 47112**

**P: 812-738-2123 / E: harrisoncountyarts@gmail.com**

**Date:** \_\_\_\_\_

**Full name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency contact:**

\_\_\_\_\_

**Contact phone:** \_\_\_\_\_

**Do you have any medical/other conditions which might limit your performance as a volunteer? If so, please provide details, or indicate if you would like to discuss in person.**

\_\_\_\_\_

**Please indicate your availability and the times you would like to work.**

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_



**Please indicate what areas you are interested in as well as any relevant experience.**

- Reception/merchandise: \_\_\_\_\_
- Exhibition preparation: \_\_\_\_\_
- Events: \_\_\_\_\_
- Research: \_\_\_\_\_
- Marketing/publicity: \_\_\_\_\_
- Cataloguing/database: \_\_\_\_\_
- Catering/hospitality: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

**Do you have any special skills you could use at the Museum e.g. languages? Please specify.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any experience in museums? If yes, please describe.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What are your reasons for wanting to volunteer at Harrison County Arts?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration**

I have declared all information that might prevent me from doing any agreed tasks in a satisfactory way.

I understand that either party can end this arrangement. In the event of an unresolved dispute, a session with an independent mediator will be called with all parties present to resolve the issue.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

