



Uxbridge Historical Centre
7239 Concession Road 6
PO Box 1301
Uxbridge, ON, Canada L9P 1N5
museum@uxbridge.ca
www.uxbridgehistoricalcentre.com
(905) 852-5854

VOLUNTEER APPLICATION

Personal Information

Name: _____ Phone Number: _____
Address: _____ Email: _____

Emergency Contact Information

Contact Name #1: _____ Contact Name #2: _____
Relationship to You: _____ Relationship to You: _____
Phone Number: _____ Phone Number: _____

General Information

Have you ever been a volunteer with the Uxbridge Historical Centre?

- Yes If yes, in what area(s)? _____
 No

How did you find out about volunteering at the Uxbridge Historical Centre?

- ___ Family or friend ___ While visiting UHC
___ UHC staff member ___ Website or advertisement
___ Other. Please specify _____

You are currently...

- ___ Employed ___ Attending university or college
___ Attending high school ___ Seeking employment
___ Retired
-

Area of Interest

Please indicate the volunteer team(s) that you are interested in:

- Collection Volunteers (Regular commitment (Minimum 4-6 hrs weekly / biweekly))
 ▪ Researching, cataloguing, and housing artifacts and/or archival records
 Garden Volunteers (Regular commitment (Minimum 1-2 hrs biweekly))
 ▪ Maintaining the flower and herb gardens, and general yard work
 Special Event Volunteers (Irregular commitment, on-call as needed)
 ▪ Assisting with special events, programs, and workshops
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Availability

What is the approximate number of hours per week you would like to devote the volunteering at the UHC?

__ 1 to 4 __ 5 to 8 __ 9-12 __ 13+

What is your availability? Please check one or more boxes by priority.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Goals

What do you hope to achieve by volunteering at the Uxbridge Historical Centre?

I _____ hereby consent to the collection, use and dissemination of personal information for the purpose of volunteer management and event planning by the staff at the Uxbridge Historical Centre.

Signature
(under 18 requires signature of parent or guardian)

Date

Thank you for your interest in volunteering at the UHC!

Personal information contained on this form is collected under the authority of Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56 as amended and will be used for the sole purpose of volunteer management and event planning at the Uxbridge Historical Centre.