

MORRIS COUNTY HISTORICAL SOCIETY at ACORN HALL

VOLUNTEER/ **INTERN INFORMATION (check one)**

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ E-mail: _____

Birthday (month/day): _____ MCHS member? ___Y___N

Please check here if you're under 18 ___

Present employer/school/both (if applicable): _____

Reference's name: _____ Relationship: _____

Daytime phone: _____

Emergency contact: _____ Relationship: _____

Home phone: _____ Work phone: _____

How did you learn of us? _____

What are your interests/hobbies/special skills? _____

What type of volunteer work would you like to do? (i.e. docent, curatorial, gift shop, etc)

What other volunteer experience do you have? _____

When can you volunteer? Days: _____ Best hours: _____

Is there anything else you would like to share with us?

(signature)

(date)

INTERNS ONLY: Professor's name: _____

Professor's contact information: E-mail _____

Telephone: _____ Class title: _____

Thank you for taking the time to complete this form. Please return it to MCHS, 68 Morris Avenue,
Morristown, NJ 07960-4212 (or fax to 973-267-8773). We look forward to working with you. 3/12