

MACKIN HOUSE MUSEUM  
1116 BRUNETTE AVENUE  
COQUITLAM , B.C. V3K-1G3  
604-516-6151

VOLUNTEER INFORMATION FORM

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_

(CELL) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

BIRTH-DATE \_\_\_\_\_  
Month Day

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE (Use separate sheet if necessary)

PLACE \_\_\_\_\_

DATE OF COMMITMENT \_\_\_\_\_

ASSIGNMENT/DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INTERESTS/HOBBIES/ACTIVITIES

PLEASE LIST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AVAILABILITY

When would you be available to volunteer?  
(Please check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday/Sunday

- Mornings
- Afternoons
- Evenings (for special tours)
- Flexible

GENERAL INFORMATION

What type of volunteer work are you interested in? \_\_\_\_\_  
\_\_\_\_\_

What do you personally hope to achieve by volunteering at the Mackin House Museum?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the volunteer opportunities that are available at the Mackin House Museum?

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

Is there any additional information you would like to bring to our attention?

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Thank you, for volunteering at The Mackin House Museum.