

# **JCHS VOLUNTEER APPLICATION**

#### **VOLUNTEER CONTACT INFORMATION**

Name:	Date of birth:
Email (required):	
Address:	Phone:
Emergency contact:	Relationship:
Phone number (required):	Email:
Jefferson Museum of Art & History Visitor Services Representative Rothschild House Visitor Services Representative* Commanding Officer's Quarters Visitor Services Representative* Walking Tour Guide*	Communications Support (intermittent) Programs and Event Support (intermittent) Research Center/Collections Support** Landscape and Gardening Support Other (Please specify)
*These positions are seasonal **This position is not often open/available	

## **AVAILABILITY**

\*\*check all that apply

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Day	Daytime	Evening time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		



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### **GENERAL INFORMATION**

- Email to programs@jchsmuseum.com

- USPS to JCHS 540 Water St. Port Townsend WA 98368

Please feel free to reach out with any questions to programs@jchsmuseum.com

Why are you interested in volunteering for JCHS?
Do you have any special skills, expertise, or abilities that you would like to utilize at JCHS?
What experiences do you hope to gain or learn from a volunteer position at JCHS?
Please indicate any accommodations that you may require while volunteering.
Please acknowledge that you are fully vaccinated against COVID-19, subject to any medical exemptions. A person is considered fully vaccinated against COVID-19 two weeks after they have received all recommended doses of a COVID-19 vaccine that is listed for emergency use by the World Health Organization (WHO).
*Volunteer positions require a criminal background check; volunteers must have no convictions for crimes of a sexual nature, for crimes against a child, or for crimes of violence.
SIGNATURE
Signature: Date: