

Telephone: 519-243-2600 Fax: 519-243-2646

www.lambtonmuseums.ca

Volunteer Form

Thank you for your interest in volunteering at Lambton Heritage Museum!	
Name:	
Street Address:	
Address 2:	
City:	Postal Code:
Phone Number:	
Liliali.	
Birthday Month:	
Check One:	
☐ I am over 18 years of age	
☐ I am under 18 years of age	
- ram ander to yours or age	
Tell us about yourself. What skills do you have that you would like to use at the museum?	
Are there particular programs or events at the museum, or tasks at the museum, that you interested in volunteering for?	
What is your availability for volunteer work?	
Emergency Contact	
Name:	Relationship:
Phone Number:	Alternate Phone Number:

