**Hamburg Township Museum  
Volunteer Information**

**Volunteer Opportunities (check all that you are interested in)\***  
  
**\_\_\_\_\_\_Museum Greeter**  
Welcome and orient visitors to the Museum during open hours or at events. Serve as cashier for the gift shop. Keep a daily record of visitors, gift shop sales, and donations.

**\_\_\_\_\_\_Technical Assistant**Provide staff with software and hardware training and trouble-shooting as needed. Offer suggestions on upgrades and new purchases.

**\_\_\_\_\_\_Membership Assistant**Assist with recruiting new members and retaining existing members through mailings and events. Experience with membership software is desirable.

**\_\_\_\_\_\_Collections Assistant**  
Work in research and record keeping. Experience with computers, photography, and scanning is required. Familiarity with collections software is desirable.

**\_\_\_\_\_\_Hospitality Assistant**   
Plan for, obtain, and serve food and beverages for events according to health department rules. Participate in set up and clean up.

**\_\_\_\_\_\_Education Assistant**   
Help develop and present programs for children grades 2-5 at the Museum, to home school groups, or in area schools. Teaching experience is required.

**\_\_\_\_\_\_Maintenance Assistant**  
Assess the need for building repairs and recommend solutions. May include heavy lifting and moving and simple painting or carpentry. Occasionally assist with exhibit fabrication.

**\_\_\_\_\_\_Marketing Assistant**  
Assist in writing, laying out, and distributing flyers and the monthly newsletter and preparing social media posts.

\*Please note that the focus of this society is on preserving and presenting the history of the township. If your primary interest is in *family history*, please contact the Livingston County Genealogical Society: https://milcgs.wordpress.com.

**Hamburg Township Museum   
Volunteer Application**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Days and times you are available for volunteering (check all that apply)**

\_\_\_Sun \_\_\_Mon \_\_\_Tues \_\_\_Wed \_\_\_Thurs \_\_\_Friday \_\_\_Sat

\_\_\_ 9:00 to Noon \_\_\_ Noon to 4:00 pm \_\_\_ 4:00 pm to 9:00 pm

**Hobbies/interests/skills that qualify you for the position(s) you are seeking**  
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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
  
Thank you for your interest in volunteering for the Hamburg Township Museum! Please complete **all three pages** of this application and drop off at the Museum at 7225 Stone St. in Hamburg or by mail at P.O. Box 272, Hamburg MI 48139.

**Hamburg Township Museum   
Volunteer Waivers**

**Disclosure Statement**

By this document, the Hamburg Township Historical Society discloses to you that a consumer report may be obtained for volunteer program purposes as a part of a background check, if applicable, for the volunteer position for which you are applying.

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver for Volunteer Services**

By signing below, I hereby waive and release the Hamburg Township Historical Society together with all of its agents, directors, employees, contractors, and volunteers from any liability in the event I should be injured while volunteering for the Museum.

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you are under 18, these must be signed by a parent or guardian.**