



PO Box 1014
Duncan, BC
Canada V9L 3Y2

Phone: (250) 746-6612
Fax: (250) 746-6612
cvmuseum.archives@shaw.ca
www.cowichanvalleymuseum.bc.ca

Cowichan Valley Museum & Archives Volunteer Application Form

Date: _____

Last Name: _____ First Name: _____

Address: _____

City: _____ Province _____

Postal Code: _____ Telephone: _____

Email: _____

Emergency Contact Name and Telephone _____

Volunteer Activity Areas

Administration	_____	Archives	_____
School programs*	_____	Public programs	_____
Special events	_____	Collections	_____
Fundraising	_____	Maintenance	_____

* Volunteers working with children must obtain a criminal record check through a local RCMP office.



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Education (including special interest courses):

Hobbies & Interests: _____

Skills: _____

Languages:

Do you have any medical conditions of which we should be aware?

No ____ Yes ____ Please explain:

Why are you interested in volunteering at the Cowichan Valley Museum & Archives?

References	
Name: _____	Telephone: _____
Relationship: _____	
Name: _____	Telephone: _____
Relationship: _____	

Applicant's signature: _____

The Cowichan Valley Museum & Archives receives more applicants than can be placed. Applicants are contacted only if an appropriate opportunity becomes available. Applications will be held on file for one year. Should circumstances change that affect your ability to volunteer, please call 250-746-6612.

Thank you for supporting the Cowichan Valley Museum & Archives