## HISTORIC FORT WAYNE VOLUNTEER APPLICATION

NAME:	DATE:
ADDRESS:	
TELEPHONE #:	Birth date:
E-MAIL:	
Over 18 Junior Volun	nteer (under age 18)
EMERGENCY INFORMATION	
PERSON TO CONTACT:	
RELATIONSHIP:	TELEPHONE #:
CELL #:	WORK #/OTHER #:
MEDICAL INFORMATION	
ALLERGIES	
MEDICATIONS	
EDUCATION	
Last Year of school	
Name of school	
Years attended	
Will you be receiving academic credit	for your volunteer work?
EMPLOYMENT INFORMATION	
CURRENT EMPLOYER:	
POSITION:	TELEPHONE #:
Volunteer Experience	
1. Organization	
Duties	

Position			
HOBBIES, SKILLS, SPECIAL INTERESTS			
Have you ever been convicted of a felony within the last seven years?  No Yes If yes, please explain			
How did you hear about our organization?			
REFERENCES (Please do not use relatives as references)			
1. NAME: RELATIONSHIP:			
ADDRESS:			
TELEPHONE NUMBER:			
2. NAME: RELATIONSHIP:			
ADDRESS:			
TELEPHONE NUMBER:			
DESIRED SCHEDULE:  Duration of offer of service Days of week available Time of day available  DESIRED SCHEDULE:  1-3 mos. 3-6 mos. 6-12 mos. indefinite Sun Mon Tues Wed Thurs Fri Sat Morning Afternoon All Day Evening			
* Are there any factors that would prevent you from performing certain types of work?  \[ \sum \text{No} \sum \text{Yes} \]  If yes, please explain \[ \sum \text{Ves} \]			
PREFERRED AREAS OF INTEREST         Gardening       Cooking demonstrations       Needlework/sewing         Lawn Care       Laundry demonstrations       Event Staff         Blacksmithing       Candle making       Weaving         Apothecary       Baking/Bakers Cottage       Re-enactor         Fort Maintenance       Tour Guide/Public Interpreter       Woodworking         Music (instrument       Other			
FOR JUNIOR VOLUNTEERS ONLY NOTE: Parental authorization is required for those volunteers under 18 years of age.			
FOR PARENT OR GUARDIAN OF JUNIOR VOLUNTEERS UNDER AGE 18: I hereby grant permission for this applicant to perform volunteer work.			
Signature Date			
Relationship			

## ACKNOWLEDGMENT

the best of my knowledge.	ion I have given on this applicatio	n is accurate and true to
Signature		Date
If Please return completed application to:	Historic Fort Wayne, Inc. P.O. Box 12650 Fort Wayne, IN 46864	
If you have any questions, please call: Hist	toric Fort Wayne, Inc. 460-4763	3
If you are currently a reenactor, please list t	the Era's that you have clothing ar	nd equipment to portray: