



JCHS VOLUNTEER APPLICATION

VOLUNTEER CONTACT INFORMATION

Name: _____ Date of birth: _____

Email (required): _____

Address: _____ Phone: _____

Emergency contact: _____ Relationship: _____

Phone number (required): _____ Email: _____

POSITION(S) OF INTEREST

_____ 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

Day	Daytime	Evening time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		



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GENERAL INFORMATION

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: _____

- 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