

VOLUNTEER APPLICATION

Name:	
Address:	
Cell Phone:	Home Phone:
Email:	Date of Birth*:
*Volunteers must be 18 or older or accombile on the grounds of the SHS.	ompanied/chaperoned by a parent/guardian
What days and times are you gene	erally available?
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	
I would like to be contacted to hel (check all that apply):	p with the following SPECIAL EVENTS
Irish Luck on the Farm	Heritage Country Fair
Easter Festival	Heritage Country Christmas
Spring Farm Festival	Holiday Luncheon
Books in the Barn	Other:
Any of the Society's events (depending on my availability)
I would like to volunteer my help (check all that apply):	in the following AREAS OF INTEREST
Fundraising	Cleaning Crew
Mailings / Publicity	Animal / Farm Care
Sewing / Costumes	Photography
Gardening	Office Duties
Children's Programs	Festivals / Event Help
	oming an educator responsible for school aged students. *Contact our office
directly at 631-265-6768 or info@smith	htownhistorical.org for more information.

Please tell us a little about yourself (e.g., employment history, interests/hobbies, skills, etc.)	
Emergency Contact (Name and phone #):	
Any allergies/medical conditions that would be important for us to know about:	

^{*}Please note that successful volunteer candidates will be asked to complete a Smithtown Historical Society General Liability form.