The Monterey Pass Battlefield Park and Museum
P.O. Box 652
Blue Ridge Summit, PA 17214
www.montereypassbattlefield.org

Volunteer Form

Volunteer Form
Basic Contact Information
Name:
Address: State: Zip code:
Email:
Phone Number: ()
Emergency Contact
Name: Phone: ()
Volunteer Position (Please check one) Must be able to do one Saturday or Sunday per month from 10:00 a.m. to 4:00 p.m. during the months of April to November.
Museum Docent:
Battlefield Interpreter:
Facilities:
Have you volunteered at a park/historic site before?
If so, please tell us about your volunteer experience:
Please provide any educational/historical background you have:

Please describe any Civil War history background/interests you may have:		
References		
Name:	Phone: ()
Name:	Phone: (
I understand that volunteers are not to be co for carrying their own insurance to provide of to hold the Friends of the Monterey Pass Bat affiliates, attorneys, successors, and assigns for from my participation in this program.	overage for any accidents occurring tlefield, Inc. and its officers, directo	g during volunteer activities. I agree ors, employees, representatives,
Due to security, all applicants are subject to a or a board member of the Friends of the Morworkshop and training session. The workshop standards, interpretive standards and history	nterey Pass Battlefield, Inc. All volui p will include visitor services, histor	nteers must complete a eight hour
The Monterey Pass Battlefield Park & Museu museum's current needs and resources. Volupants, polo shirt or button down dress shirt a for battlefield interpreters.	unteers are also asked to provide th	eir own clothing such as tan kaki
Applicant Signature:	Date:	

Benefits of Volunteering

By volunteering, you will help the Monterey Pass Battlefield Park and Museum provide greater access to its collections, learn new skills, gain professional contacts, meet new people, and make it possible for staff to pursue the goals and mission of the Monterey Pass Battlefield.