

Volunteer application



Name: _____
(please print)

Address: _____

Email: _____ Phone: _____

Do you have any specific area of interest, such as archiving, being a docent, maintenance, research or any other:

Time/Days you would be available: _____

Emergency contact:

Name: _____ Phone: _____

Email: _____ Relationship: _____

Signed: _____

I certify I am age 18 or older: _____ Date: _____

Return to Hamtramck Historical Museum, 9525 Jos. Campau, Hamtramck, MI 48212;
Email: hamtramchistory@gmail.com