Will County Historical Society

Volunteer Interest/Application Form

Name:	Birthday:	-
Address:		
Home Phone:		
Email Address:		
Days/Hours Available:		
Please list any personal background, caree	er experience, intere	sts, or special skills:
8		
S 		
Emergency contact:	Relationsh	ip:
Emergency phone #1:	Phone #2:	
I am interested in becoming a volume Society. I understand that I must become with all the policies set forth by the Board realize that I represent the organization are manner, obeying all rules, regulations, and	te a member of the d of Directors. As and should act in a least	Society and comply a Society volunteer, I
Signature:		Date:
If you are under the age of 18, parental app	proval is required.	
Parent Signature:		Date: