



Diefenbunker

Canada's Cold War Museum
Musée canadien de la Guerre froide

Volunteer Application

Thank you for your interest in volunteering with the Diefenbunker. Please complete and sign this form. Please note that all volunteer candidates will be screened according to the Museum's Volunteer Policy.

E-mail: volunteer@diefenbunker.ca **Fax:** (613) 839-3725 **Mail:** Box 466, Carp, ON K0A 1L0

Name	
Address	
Telephone	
E-mail	
Emergency Contact	
Preferred language	<input type="checkbox"/> English <input type="checkbox"/> French

Availability	<input type="checkbox"/> Weekdays <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends <input type="checkbox"/> Any		
	<input type="checkbox"/> Winter <input type="checkbox"/> Summer <input type="checkbox"/> Spring <input type="checkbox"/> Fall		
Hours per week		Hours per month	
Area(s) of interest	<input type="checkbox"/> Conducting tours <input type="checkbox"/> Special Events <input type="checkbox"/> Collections/Archives <input type="checkbox"/> Amateur Radio <input type="checkbox"/> Maintenance <input type="checkbox"/> Exhibits/Curatorial <input type="checkbox"/> Fundraising <input type="checkbox"/> Children's activities <input type="checkbox"/> Other _____		

Previous volunteer experience:

Applicable work or life experience:

If selected as a volunteer, I agree to abide by the Diefenbunker's Volunteer Policy.

Signature of Applicant

Date

Name (Print)