



## Volunteer Application Form

Thank you for your interest in volunteering with the Diefenbunker. Please download and complete this form, and return it to our team by clicking the "Submit" button at the bottom of the form. Please note that all volunteer candidates will be screened according to the Museum's Volunteer Policy.

**E-mail:** a.roncali@diefenbunker.ca **Fax:** 613-839-3725 **Mail:** Box 466, Ottawa, Ontario K0A 1L0

<b>Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>E-mail</b>	
<b>Emergency Contact</b>	
<b>Preferred language</b>	<input type="checkbox"/> English <input type="checkbox"/> French
<b>Availability</b>	<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
<b>Hours per week</b>	<b>Hours per month</b>
<b>Area(s) of interest</b>	<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:

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Applicable work or life experience:

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

*If the Submit button does not work on your device,  
please email a copy of your completed application  
to a.roncali@diefenbunker.ca*