

Volunteer Registration Form

The information on this form will help us find the most rewarding volunteer project for you.

Name _____

Address _____

Home Phone _____ Alternate Phone _____

Email _____

Volunteer Information:

Have you done any previous volunteer work? Yes No

Please describe the kinds of projects and assignments you have worked on and for what organization.

Do you have any knowledge or experience in the following? If yes, please circle.

Docent/Guest Services

Research/Collections

Education

Telephone/Clerical Special Events

Computer Skills

Other _____

Availability:

Can you volunteer on a regular basis? Yes No Weekly Monthly

Are you available throughout the year? Yes No

If no, what months are you available? _____

Are you available for special events? Yes No

Can you be available on short notice for special projects? Yes No

Circle the days and times you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	PM

Special Interests:

_____ Working with children/school groups

_____ Adult groups

Other _____

CGHS Affiliation:

How did you hear about our volunteer program? _____

Are you a member of the Coastal Georgia Historical Society? ___ Yes ___ No

If no, are you interested in becoming a member? ___ Yes ___ No

Please return to Volunteer Coordinator:

By mail:

Coastal Georgia Historical Society

P.O. Box 21136

St. Simons Island, GA 31522

By email: sjensen@saintsimonslighthouse.org

By fax: 912-638-6609

For information call: 912-634-7093

Thank you for your interest!