

Coastal Georgia Historical Society

Volunteer Registration Form

(Please print or type)

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

Personal Data

Name: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

E-mail: _____ Date of Birth: Month _____ Day _____

Volunteer Information

Have you done any previous volunteer work? Please describe the kinds of projects and assignments you have worked on and for what organization.

Our volunteers are offered a variety of assignments, including administrative support, special events staffing, and patron services. 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 (circle one)
Are you available throughout the year? Yes/No
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?

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
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 interested in becoming a member of the Coastal Georgia Historical Society? Yes No (Circle one)

Emergency Contact

Name: _____ Relationship: _____

Home phone: _____ Alternate phone: _____

Signature: _____ Date: _____

Please return to Volunteer Coordinator

By mail: Coastal Georgia Historical Society
P.O. Box 21136
St. Simons Island, GA 31522

By fax: 912-638-6609

