



## VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Local Reference \_\_\_\_\_ Phone \_\_\_\_\_

### Select Area(s) of Interest

- |   |   |
|---|---|
| <input type="checkbox"/> Museum docent                  | <input type="checkbox"/> Fundraising    |
| <input type="checkbox"/> Archive (Catalog & Processing) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Oral History (Filming)         | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Veteran's Project              |   |

Please return this application to the museum or send it via e-mail to  
[info@balboaislandmuseum.org](mailto:info@balboaislandmuseum.org)

Thank you for your support!

210 B Marine Avenue, Balboa Island, CA 92662-0147  
949-675-3952      [www.balboaislandmuseum.org](http://www.balboaislandmuseum.org)