

**American Civil War Museum of Ohio
217 S. Washington Street
Tiffin, OH 44883**

Volunteer Application

Full Name: _____

Address: _____

Phone: _____ Email: _____

Are you 18 years old or older? [] Yes [] No

If not, please give your date of birth: _____

What duties are you qualified to perform? _____

If you are selected, when can you start volunteering? _____

Check how often you would like to volunteer:

Weekly Monthly 3-4 times/year Once/year

Check when you are available to volunteer: (note days if applicable)

Weekday mornings [] Weekend mornings []

Weekday afternoons [] Weekend afternoons []

Weekday evenings [] Weekend evenings []

QUALIFICATIONS

Please tell us about any other training, education, skills or achievements that you feel should be considered.

Date: _____

Volunteer's Signature: _____

Please mail completed application to address on top of first page or email to

acwmo_volunteer@yahoo.com