



VOLUNTEER APPLICATION

Today's Date: _____

Name: _____

Phone: _____ Cell: _____

Address: _____

Email Address: _____

Select Area(s) of Interest:

- | | |
|---|--|
| <input type="checkbox"/> Museum Docent | <input type="checkbox"/> Research/Write Portal Articles |
| <input type="checkbox"/> Archive (Catalog & Processing) | <input type="checkbox"/> Special Events/Program Development/Presentation |
| <input type="checkbox"/> Oral History (Filming) | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other |

Please mail this application to the address below or send it via e-mail to medfieldhistoricalsociety@gmail.com.

Thank you for your support!

MEDFIELD HISTORICAL SOCIETY

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