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CITY, ST, ZIP:								
EMAIL	_:							
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Curre	nt or prior occ	upation: _						
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Please	write in hou	rs that you	are available	to work dur	ing the w	veek:		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
AM								
PM								
How	often are you	available fo	or work?					
	All days/time	s indicated	above					
	Once a week							
	Twice a week							
	Once a mont							
Date a	avaliable to sta	art:			_			
Emergency Contact:				Phone:				



## **VOLUNTEER APPLICATION**

Please Check Areas of Interest:	
<ul><li>Tour Guide</li><li>Curatorial Assistant</li><li>Building Maintenance &amp; Landscaping</li></ul>	<ul> <li>Archaeology</li> <li>Children's Programs</li> <li>Educational Programs &amp; Events</li> <li>Living History Opportunities</li> </ul>
List any experience or skills tha	at you bring to the museum:
Other Comments:	

**Thank you** for your interest in The Castle Historic House Museum. We will review your application and be in touch with you soon. Questions: 740-373-4180

## TO SUBMIT APPLICATION:

1. Email: mariettacastle@gmail.com

2. Mail: The Castle

c/o Kyle Yoho, Education Director

418 Fourth Street Marietta, OH 45750

## MAKE A DIFFERENCE EDUCATE

ENGAGE YOUR COMMUNITY VOLUNTEER WITH THE CASTLE