



LA PORTE COUNTY HISTORICAL SOCIETY, INC.  
2405 INDIANA AVE., STE. I  
LA PORTE, IN 46350  
219-324-6767  
info@laportecountyhistory.org

## Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number to contact you at: \_\_\_\_\_

Birthday: (month and day) \_\_\_\_\_

Please list your previous volunteer experience and any expertise you may have:

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List any physical limitations you may have: \_\_\_\_\_

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Availability (circle all that apply):    Tues    Wed    Thurs    Fri    Sat  
Morning      Afternoon      Weekly      Bi weekly      Monthly

Emergency Contact Name and Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under the age of 19): \_\_\_\_\_