Volunteer Application

Name:		
Address:		
Street	City	Zip
Phone:	_ email:	
Areas of Interest: Please include work e	experience, hobbies, membershi	ps in organizations, etc.
References: Include name, address & ph	one number	
1		
2		
3		
In which areas are you interested i	n volunteering?	
Number of hours you are available Which weekdays and times are you		

Please return to:

Marquette Regional History Center 145 W. Spring Street, Marquette, MI 49855

Phone: 906-226-3751 Fax: 906-226-0919 marquettehistory.org