



Brea Museum & Historical Society

Volunteer Application

Name _____

E-mail address _____

Mailing Address _____

Phone _____ (cell/home?)

If you are a student, what school do you attend? _____

Please tell us more about yourself - your interests and professional experience (including previous volunteer experience)

The Brea Museum and Historical Society offers a variety of volunteer opportunities. Please check the activities that you might be interested in as a volunteer:

- Museum Docent (facilitate visits to the Museum)
- Guide for the Historic Walking Tour (of the Union Oil neighborhood)
- Museum Education (refine educational programming or work with school groups)
- Public Programs (help develop classes and talks offered at the Museum)
- Special projects (which includes the newsletter and web redesign)
- Office projects (correspondence, files, and general order and maintenance)
- Collections (catalog and work with Museum artifacts)
- Community outreach (help us build the visibility of the Museum in and around Brea)
- I'm just interested in volunteering, assign me to a project

Please list the days & hours when you are available: _____

You can email you application to info@breamuseum.org. If you prefer, mail or bring your application to: 495 S Brea Blvd., Brea, CA 92821. We will schedule an interview after your application is reviewed. Thank you!



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Please tell us a bit more about the areas of volunteer work that interest you:

Who should be notified in Case of an Emergency?

Name: _____

Address: _____

City, St, Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. It is the policy of the Brea Historical Society to provide equal opportunities, without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with the Brea Historical Society.

Name (printed): _____

Signature: _____

Date: _____