



# *Licking County Historical Society*

## VOLUNTEER FORM



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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City & State \_\_\_\_\_

### How often would you like to volunteer:

☐ weekly      ☐ monthly      ☐ as needed

### Please indicate your areas of interest:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Research       | <input type="checkbox"/> Photography          | <input type="checkbox"/> Garden/Grounds        |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Collections/Archives | <input type="checkbox"/> Buildings/Maintenance |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Educational Outreach | <input type="checkbox"/> Public Speaking       |
| <input type="checkbox"/> Marketing/PR   | <input type="checkbox"/> Tour Guide/Docent    | <input type="checkbox"/> Writing               |

Return this form to:  
Liz Worbs, Office Administrator  
Licking County Historical Society  
P.O. Box 785, Newark, OH 43055  
lchs@alink.com    740-345-4898

*Thank you for your interest in LCHS!*