

Personal Details (Please print legibly):

## **Volunteer Connection Form**

Thank you for your interest in volunteering with Midway Village Museum! We want your volunteer experience here to be the best it can possibly be. Please complete this form so we can get to know you and connect you to one of our many volunteer opportunities.

First & Last Name:					
Address:					
City, State, Zip:					
Home Phone:			Cell Phone:		
Email:					
If Student, Name of School & Grad Year:					
Your Birthday Month:					
Business/Organization:					
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If you are involved with First & Last Name: Relationship:	n us as a volun	nteer and an eme		rhom should we	e contact?
If you are involved with First & Last Name: Relationship: Home Phone: Today's Date:			Cell Phone:		
If you are involved with First & Last Name: Relationship: Home Phone: Today's Date:			Cell Phone:		
If you are involved with First & Last Name: Relationship: Home Phone: Today's Date: Tell us what department			Cell Phone:		

**Volunteer Coordinator Contact Information:** 

opportunities here at Midway Village Museum. Thank you.

Nancy Rife volunteers@midwayvillage.com 815.397.9112 Ext. 111