



## Fort Ligonier Volunteer Battalion Application

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

NAME:

Please circle one:      Mr.   Mrs.   Ms.   Other \_\_\_\_\_

First \_\_\_\_\_

Last \_\_\_\_\_

CONTACT:

Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone (         ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (         ) \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Email  
\_\_\_\_\_  
\_\_\_\_\_

BACKGROUND:

**Education/Degree(s) and Employment History** (Use back or attachment if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Areas of Interests (Circle all that apply):**

Docent – Fort

Docent – Museum

Assisting with Programs/Events

Assisting Behind-the-Scenes

**Have you/do you volunteer at other museums or non-profit organizations? -----**

**If so, where and when?**

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**Why would you like to volunteer at Fort Ligonier?**

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**What do you hope to learn and/or gain from this experience?**

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**Availability:**

**Please circle the days and times (morning or afternoon) you are available:**

**Morning   S   M   T   W   Th   F   Sat**

**Afternoon   S   M   T   W   Th   F   Sat**

Have you ever been arrested or convicted of a crime related to children, drugs, or violence?

Please circle one: Yes                      No

If so, explain:

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Applicant Signature: \_\_\_\_\_ Date:  
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Please return completed applications to:  
Fort Ligonier, 200 S. Market Street, Ligonier, PA 15658