

Cass County Historical Society

Volunteer Application

Name: _____ Job/Title: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Home Address: _____

City, State, and Zip Code: _____

Primary Emergency Contact

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Would you like us to share relevant medical information with this person in case of a medical emergency?

Yes

No

How did you learn about CCHS? _____

What are you interested in helping us with the most?

___ Hosting Museum Tours/Docent

___ Society Events

___ Museum Maintenance

___ Research Library

___ Other: _____

Thank you for choosing Cass County Historical Society!
Please email completed forms to info@casscountyhistory.org