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TOWN OF NEWFANE HISTORICAL SOCIETY, INC.
YOUTH VOLUNTEER APPLICATION

The officers and members of the Historical Society invite your participation with us in our efforts to: promote awareness of and interest in collection, study and preservation of items of historical interest in and about the Town of Newfane.

Today's Date: _____

Name (Please Print) _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Please choose one area according to your ability and interest:

- Country Village (West Creek Complex)
- Van Horn Committee (Work on events, tours, greeting visitors, maintenance and upkeep etc.)
- Festival Committee (work to prepare for our 2 Apple festivals)
- Membership and/or Marketing
- I prefer to work alone. Let's talk about a project I can do at my convenience.
- Garden Committee
- Other _____

Do you have any physical limitations? If so, please explain:

Anything else you'd like us to know?

Parent/ Guardian Signature:

I give my child permission to participate in volunteer activities held by the Town of Newfane Historical Society. I also understand that if my child is ages 12-13 I am required to be present during at all volunteer sessions.

(Please Print) _____ Today's Date _____

THANK YOU FOR YOUR INTEREST IN LOCAL HISTORY
AND YOUR SUPPORT OF THE NEWFANE HISTORICAL SOCIETY.

TOWN OF NEWFANE HISTORICAL SOCIETY, INC.
P.O. BOX 115 | NEWFANE, NY 14108
WWW.NEWFANEHISTORICALSOCIETY.COM