



Oysterponds

HISTORICAL SOCIETY

Teen Volunteer Application

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: _____

Parent/Guardian: _____

School: _____ Grade in 2019-2020: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Fields of Interest: _____

Why do you want to volunteer with OHS?: _____

Interests: _____

Summer Availability: _____

Previous Volunteer/Work Experience: _____

Reference Name: _____

Phone: _____

Email: _____

Relationship: _____

Oysterponds Historical Society

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www.OysterpondsHistoricalSociety.org