



The Historic Fourth Ward School Museum & Archives
P.O. Box 4, 537 South C Street,
Virginia City, NV 89440
(775) 847-0975, director@fourthwardschool.org

Date: _____

Name: _____ Phone #: _____

Address: _____

Email: _____

Person to notify in case of an emergency:

Name: _____ Phone #: _____

❖ Area of Interest: _____ Tour Docent, _____ Special Events, _____ Office/Clerical,
_____ Archives, _____ Building Maintenance

❖ Preferred Days: _____ Monday, _____ Tuesday, _____ Wednesday, _____ Thursday,
_____ Friday, _____ Saturday, _____ Sunday

❖ What type of commitment are you interested in: _____ Weekly, _____ Monthly,
_____ Occasionally

❖ Please list previous volunteer experience, special interests, languages or other skills:
