



**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:

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