

The Ontario Regiment RCAC Museum

"North America's Largest Collection of Operational Historical Military Vehicles" An Accredited Canadian Armed Forces Museum

MEMBERSHIP APPLICATION FORM

Applicants Details:

Surname: Given N	lames:	F	Preferred Nan	ne:
Street Address:			Unit:	
City:	Province:		Postal Co	ode:
Phone: (Email:				
Date of Birth (mm/dd/yyyy):	Gender:	Male F	emale O	other Prefer not to say
Allergies, disabilities, or other medical c	onditions which may affect	t applicant duri	ng volunteeri	ing:
Applicant's Sponsor:				
Emergency Contact:				
Name:	Relationship to Ap	plicant:		
Tel:				
OFFICE USE ONLY:				
Completed application including signatu	re?			
Sponsor confirmed?				
Experience/Skills recorded and passed to	o appropriate Manager?			
Annual Member Donation Received?				
Date received:				
Date of contact:		Method:	Phone	e In-Person
Date of induction:				
Date received Volunteer Package:				
Signed:				

(Volunteer Coordinator) Date

Vision: "The Ontario Regiment RCAC Museum will become a world-class destination museum placing in the top 5 military/technology museums in the world while not forgetting its Ferret Club roots and remaining volunteer and member focused."



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As previously mentioned, we have and <u>need</u> people from all backgrounds and experiences, from cleaners, to clerks. From mechanics to museum guides, everyone is needed in our Museum family. In this section, we would like to find out a bit about you.

Driver's Licence:	Number:		Province:	Class/es:	
Firearms Licence:	Number:		Class:		
First Aid Certificate:	Number:		Level:	Expiry:	
Military Service?	If yes, Service Branch:		Rank:	Country:	
Reenactor Experience:	Period:	_ Side: _		Unit:	
Languages:					
Experience (Qualificati	ne. (Plaze list any experience	or qualif	ications in the	following:	

Experience/Qualifications: (Please list any experience or qualifications in the following:

Mechanical:

Administration:

Facilities/Maintenance:

Any other qualification/experience you would like to share:

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