

Volunteers Help!

Exhibits - Building/Grounds - Community Events - Fund Raisers - Educational Programs - Museum Docents

Date _____

I am interested in volunteering some time to help further the work of the museum.

Name _____ Type of help _____

Address _____

_____ Phone # _____

E-mail _____

Year round _____ Summer only _____ Specific Event _____

Please send to: Schroon-North Hudson Historical Society, Box 444, Schroon Lake, NY 12870