



Jewish Historical Society of MetroWest Volunteer Application Form

Name: _____ Email _____

Address: _____ Phone (H) _____

City: _____ State _____ Zip: _____ (W) _____

Member of the JHSMW: _____ YES _____ NO _____ Would like to be!

Days Available: Monday Tuesday Wednesday Thursday Friday

Preferred Time: Morning (9-12) Afternoon (1-5*)

* 4 PM on Fridays

Skills -- please circle all that apply:

Word Processing

Data Entry

Transcription

Research/Writing

Digital photography/Scanning

Foreign Languages:

Yiddish

Hebrew

German

Other _____

Other (please explain in space below):

Return this form to:
Jennifer McGillan,
Archivist, JHSMW
901 Route 10 East,
Whippany, NJ 07981
Fax: 973-428-8237
email: jmcgillan@jhsmw.org