

Simpson County Archives Volunteer Application

Please print

First Name _____ Middle _____ Last Name _____

Address City/State/Zip.....

Telephone _____ Alternate Phone Number _____ Email _____

Date of Birth _____ Spouse if married _____ Parent/Guardian if under 18 _____

Physical Limitations: No__ Yes__ (Please Explain) _____

Education (highest level completed)

Grades 1-5__ 6-9__ 11-12__ Technical/Vocational School__ College__ Graduate School__

If a college graduate, list degrees and major/minor _____

Are you currently employed yes__ no__ **If so, where & how often** _____

Former work/occupation (type work and where) _____

List previous volunteer experience _____

Are you able to read cursive writing or old penmanship? Yes__ No__

Skills (List special or technical skills, including computer literacy Skilled__ Intermediate__ Amateur__

1. _____

2. _____

3. _____

Languages other than English Fluent__ Intermediate__ Some__

1. _____

2. _____

Volunteer availability: (Check all applicable)

Number of Days per week: _____ Times Available: _____

Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__ No Preference__

Transportation: (How you will get to your assignment) _____

In an emergency, notify:

First Name..... Last Name.....

Address _____

City/State/Zip..... Telephone

Do you have any medical conditions that we may need to be aware of, such as asthma, diabetes, seizures, heart condition or other? Please list _____

Do you carry medications with you that you may need to be administered during an emergency?_____ If so, please indicate where on your person or within personal belongings that you keep these medications so that staff or medical personnel may gain access on your behalf _____

Please list any allergies that we might need to know _____

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin. Volunteers agree to follow all instructions and have a cooperative disposition with all staff, other volunteers and visiting patrons. Work will be reviewed due to the need for historical accuracy and attention to detail.

Simpson County Historical Society reserves the right to remove you from your assigned project as we may deem necessary.

Staff use only----Received by

o **Staff Signature**

Date

(Signature/Volunteer

(Date)

Typing your name constitutes your signing your legal signature.