

THE HERITAGE CENTER

VOLUNTEER APPLICATION

NAME (last, first, middle initial)			
ADDRESS (street, city, zip)			
DAY PHONE:	EVENING PHONE:	CELL PHONE:	E-MAIL:
HOW DID YOU HEAR ABOUT THE HERITAGE CENTER?			
WHAT AREAS WOULD INTEREST YOU IN VOLUNTEERING AT THE HERITAGE CENTER? (check all that apply)			
<input type="checkbox"/> Collection/Archive Preparation	<input type="checkbox"/> Scanning Documents/Photos	<input type="checkbox"/> Membership	
<input type="checkbox"/> Conservation	<input type="checkbox"/> Data Input	<input type="checkbox"/> Public Outreach	
<input type="checkbox"/> Research Assistance	<input type="checkbox"/> Genealogy Research	<input type="checkbox"/> Fund Raising	
RELEVANT PAST EXPERIENCE			
SPECIAL SKILLS (e.g. Microsoft Office, document repair, research)			
LAST PLACE OF EMPLOYMENT			
REFERENCES			
NAME	DAY PHONE	RELATIONSHIP	
NAME	DAY PHONE	RELATIONSHIP	
IN CASE OF EMERGENCY			
NAME	DAY PHONE	RELATIONSHIP	
DAYS AND TIME AVAILABLE (ex. Tuesday 10am-2pm)			
TUESDAY Hours _____ WEDNESDAY _____ THURSDAYS _____			
APPLICANT SIGNATURE		DATE	