# Volunteer Application



|  |  |  |
| --- | --- | --- |
| Contact Information | | |
|  | | |
| Name |  | |
| Street Address |  | |
| City ST ZIP |  | |
| Home Phone |  | |
| Cell Phone |  | |
| E-Mail Address |  | |
| Birth Date / / | Make & Model Car | Lic Plate# State: |

|  |  |
| --- | --- |
| Availability beginning (MM/DD/YR):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| During which hours are you available for volunteer assignments? | |
|  | | |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

|  |  |
| --- | --- |
| Interests | |
| Tell us in which areas you are interested in volunteering: | |
|  | |
| |  |  | | --- | --- | | Event Organizer | Administrative Assistant \_\_\_ Special Event Volunteer | | Event Greeter | Research Assistant \_\_\_ Marketing Assistant | | Docent (museum guide) | Member Drive \_\_\_ Program Assistant |   \_\_\_ Building & Grounds \_\_\_ Museum Shop \_\_\_ Museum Admissions  \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Special Skills or Qualifications |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
|  |

|  |
| --- |
| Previous Volunteer Experience |
| Summarize any previous volunteer experience. |
|  |
|  |

|  |  |
| --- | --- |
| Person to Notify in Case of Emergency | |
|  | |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work/Cell Phone |  |
| E-Mail Address |  |

|  |  |
| --- | --- |
| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that in working with children, I may need to submit to certain clearances -- The Pennsylvania State Police Criminal Records Check and the Pennsylvania Child Abuse History Clearance --and am willing to do this, if required. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Date |  |

|  |
| --- |
| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.  Thank you for completing this application form and for your interest in volunteering with us. Questions? Please email  Ken Wildrick, Volunteer Coordinator: volunteer.nchgs@gmail.com  Or call our office at: 610.253.1222  Please return completed application to: Northampton County Historical & Genealogical Society 342 Northampton St. Easton, PA 18042  Or email them to volunteer.nchgs@gmail.com |