

STATE HISTORICAL SOCIETY OF IOWA

Volunteer Application Form

Date_____

Name_____ Home Phone_____

Address_____ Work Phone_____

City_____ State_____ Zip_____

Male Female Birth date (optional)_____

Email address_____

EMERGENCY CONTACT

Name_____ Relationship_____

Address_____

City_____ State_____ Zip_____

Phone_____

EMPLOYMENT

Current Employer_____ Position_____

Past Employer_____ Position_____

EDUCATION

High School/GED/Other_____

College/University_____

Graduate School_____

Special Training (Business, Vocational Technical, etc.)_____

Are you currently attending school? Yes No

Name of school_____

ADDITIONAL INFORMATION

Do you have any limitations we should consider as we select a volunteer position for you?_____ If yes, please help us by telling us what conditions we should meet for your needs_____

Have you ever done volunteer work?_____ If yes, where?_____

What type?_____

Are you a member of the State Historical Society of Iowa? Yes No

Do you have your own transportation? Yes No

How did you learn about the State Historical Society of Iowa's Volunteer Programs?

- Iowa Historian* Newsletter
- Newspaper
- Radio
- Other Society Volunteer/Staff
- Flier
- Other

PLACEMENT INFORMATION

Why do you wish to work for the State Historical Society of Iowa? _____

What are your areas of interest? _____

If you are applying for a particular Society program, please specify: _____

What type of volunteer work would you like to do? (Please check all that apply.)

- With adults
- With children
- Special projects
- Office services
- Library
- Historic Preservation
- Museum
- General
- Other _____

How much time can you give?

- More than one time per week
- One time per week
- Every other week
- On call/substitute
- One time per month
- Other (specify)

Day	9:00am-12:30pm	12:30pm-4:00pm	Other Shift
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

REFERENCES

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

By signing below, I give my permission to check the references I have listed.

Signature _____ Date _____

APPLICANTS UNDER THE AGE OF EIGHTEEN MUST HAVE THIS APPLICATION SIGNED BY THEIR PARENT OR GUARDIAN.

This applicant has my permission to volunteer at the State Historical Society of Iowa.

Parent or Guardian signature _____

Notes by Interviewing Staff

(OVER, PLEASE)

VOLUNTEER INTEREST AND SKILL SURVEY

Please check your skills, hobbies, and interests

Support Services

- Collating
- Data Entry
- Photocopying
- Receptionist
- Interpret - Sign
- Interpret - Foreign Language
Specify _____
- Typing: Speed _____
- Word Processing
- Mailings
- Filing

Arts/Crafts

- Decorations
- Native American Crafts
- Photography
- Poster/Sign Making
- Other _____

Technical

- Carpentry
- Computer
 - Program Design
 - Instruction
 - Other
- Electronics
- Videotape
- Indexing

Education

- School Tours
- Adult Tours
- Special Programs
- Demonstration/Display
- Curriculum
- History Day

Public Relations/Special Events

- Writing
- Marketing/Telemarketing
- Event Planning
- Set-up/Takedown
- Sales
- Host/Hostess

Management

- Group Facilitation
- Grant Writing
- Staff/Volunteer Training

Other

- Historical Research
- Genealogy
- Library Patron Assistance
- Library Services

Other Hobbies/Interests

Please return to:

In Des Moines:

State Historical Society of Iowa
Volunteer Services
600 East Locust
Des Moines, IA 50319-0290
(515) 281-6412

In Iowa City:

State Historical Society of Iowa
Volunteer Services
402 Iowa Avenue
Iowa City, IA 52240
(319) 335-3916

For office use only:

- Date interviewed _____
- References checked
- Parent permission
- Assigned _____
- Start Date _____
- Intern

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