



STATE HISTORICAL SOCIETY OF NORTH DAKOTA

612 East Boulevard Ave. Bismarck, ND 58505 Phone: 701.328.2666 www.nd.gov/hist

HERITAGE VOLUNTEER APPLICATION

Thank you for your interest in the State Historical Society of North Dakota's volunteer program. To help us find a volunteer opportunity that suits your interests and skills, please take a moment to complete this application form.

BACKGROUND INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: *home:* _____ *office / cell / other:* _____

E-mail address: _____

Birthday: _____ Education: _____

Employment experience: _____

Volunteer experience: _____

Is verification of your volunteer hours required? Yes No

If yes, with which organization and why? _____

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No

If yes, please explain: _____

(A conviction will not necessarily disqualify you from volunteering)

Emergency contact person: _____

Emergency contact person's phone number: *home:* _____ *work/ /cell / other:* _____

INTERESTS AND AVAILABILITY

How did you learn about our volunteer program?

- Society staff/volunteer Newspaper Society newsletter
 Flier TV or Radio Other _____

Special skills or hobbies: _____

What would you like to gain by volunteering? _____

In what area(s) would you like to volunteer? _____

CHECK ALL THAT APPLY:

I prefer

Working with the public Yes No

Working with children Yes No

Working with adults Yes No

Working on an individual project Yes No

I have

Computer skills Yes No

Keyboarding (typing) skills Yes No

Language skills Yes No *please specify* _____

Please indicate the days and times you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

REFERENCES

Name: _____

Phone: *home*: _____ *office*: _____

Name: _____

Phone: *home*: _____ *office*: _____

VOLUNTEER AGREEMENT

I agree to donate my services to the North Dakota State Historical Society (SHSND), and understand that I will not be paid. I understand that the SHSND may take photographs of me for publications or other uses. I agree to abide by SHSND rule, regulations, and policies, and will work under the direction of its staff toward its mission. I understand that my volunteer services will be terminated if I do not abide by SHSND rules, regulations, and policies.

Volunteer signature: _____ Date: _____

For applicants who are 18 years or younger:

I give my permission for _____ to volunteer with the State Historical Society of North Dakota, accepting all SHSND rules, regulations, and policies.

Parent/guardian signature: _____ Date: _____

FOR SHSND OFFICE USE

Contacted	References Ckd.	Interviewed	Placed	Evaluated	Departed

PLACEMENT	Division	Supervisor	Description of Duties