



# STATE HISTORICAL SOCIETY OF NORTH DAKOTA

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