

Volunteer Application

Thank you for your interest in becoming a volunteer at the Chester County Historical Society (CCHS). Below is an application to become a volunteer at CCHS. Please complete and return to the Development department or you can hand-deliver. We will be in touch in the near future to schedule an interview.

PLEASE PRINT

Date of Application: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ **Email:** _____

Name for mailing purposes: _____

(Mrs. John Smith or Mrs. Mary Smith)

EDUCATION

Are you currently (circle one) Employed Retired Other _____

Are you currently a (circle one) College Student High School Student Other _____

Name of school/college you are attending: _____

Years completed in school: _____

List degrees or certifications you have received: _____

Hobbies or interests: _____

VOLUNTEER EXPERIENCE

Please list your current or most recent volunteer experience:

Organization: _____

Responsibilities: _____

Other volunteer experiences: _____

Will you be receiving school credit or meeting requirements for a graduation project? Yes ___ No ___

EMPLOYMENT

Please list your current or most recent employer: _____

Occupation: _____

Do you know whether they have a matching gift program? Yes ___ No ___

What is your availability?

DAY	TIME	DAY	TIME
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			

Please check any in which you have experience

- | | | |
|--|--|--|
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Guided Tours |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Alphabetizing/Filing | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> Telephone | <input type="checkbox"/> Facility Maintenance/Painting |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Teaching/Instruction | <input type="checkbox"/> Technology/Website |
| <input type="checkbox"/> Internet Searching/Research | <input type="checkbox"/> Press Releases/Proposal/Writing | |

References: Please provide the names of two people, not related to you.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone number: _____

Phone number: _____

Email: _____

Email: _____

My signature authorizes the Chester County Historical Society to verify any of the information on this application and to secure information from personal references. I authorize persons, previous employers and organizations named in this application to provide CCHS with any information relevant to my application to volunteer at CCHS. I release all such persons from any liability regarding the use of this information.

Signature: _____ **Date:** _____

PERMISSION from parent or guardian **REQUIRED** for youth under 18 years of age:

_____ has my permission to volunteer at the Chester County Historical Society. Age of Youth: ____ Signature of Parent/Guardian: _____ Date: _____

For CCHS Use:

Date Started: _____ **Date Ended:** _____

Department: _____ **Supervisor:** _____

Entered in Raisers Edge: _____ **By:** _____