



Volunteer and Intern Application

Today's Date _____

Name _____ Nickname? _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____

Birthday Month _____ Day _____

Emergency Contact _____

Relationship _____ Phone _____

How did you hear about the WHC? _____

Are you a WHC member? _____ Yes _____ No

What would you like to gain from volunteering at the WHC? _____

Do you have any special interests or skills you would like to use at the WHC? _____

In what type of position are you interested?

Docent Program Visitor Services Archives and Collections Volunteer Historians
 Facilities (Fix it/Clean it/Paint it) Grounds and Gardens Internship Other _____

Days-Hours preferred _____ Start Date _____

Current Employer _____

Work Phone _____ May we call you at work? _____

Briefly describe your educational/career experience _____

Briefly describe any previous volunteer experience _____

Please list any spoken, written or signed languages you know other than English _____

Please list any allergies or medical-physical considerations _____

Other information you would like to share about yourself _____

References:

Name _____ Affiliation _____

Phone _____ E-mail _____

Name _____ Affiliation _____

Phone _____ E-mail _____

Comments or questions _____

For office use:

Interviewed by: _____ Date: _____

Placement/Supervisor: _____

Signed Waiver/Volunteer Agreement: _____ Received Handbook: _____

Orientation Date: _____ Training/Start: _____

Background check required? _____ Discussed? _____ Permission? _____