

Volunteer Application

Michigan Women's Historical Center & Hall of Fame



CONTACT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Emergency Contact: _____

Name

Relationship

Phone

EDUCATION (please complete all that apply)

High School 1 2 3 4 Diploma? Yes No

College 1 2 3 4 School: _____ Major: _____

Graduate School 1 2 3 4 School: _____ Major: _____

EXPERIENCE

Current/most recent employer: _____

Your title/position: _____ Years of Service: _____

Previous employer: _____

Your title/position: _____ Years of Service: _____

Current/most recent volunteer position (name of organization): _____

Your duties: _____ Years of Service: _____

Current/most recent volunteer position (name of organization): _____

Your duties: _____ Years of Service: _____

Special skills, hobbies, personal interests:

Foreign languages spoken: _____

Fluency: Basic

Conversational

Fluent

Have you ever been convicted of a crime?* YES NO If yes, list where, when, and the nature of offense:

*Answering yes does NOT necessarily disqualify you as a volunteer.

EXPERIENCE

Why would you like to be a volunteer for the Michigan Women's Historical Center & Hall of Fame?

How did you learn about volunteering for the Michigan Women's Historical Center & Hall of Fame?

REFERENCE (not related to you)

Name: _____

Title and/or Organization: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Email: _____

Name: _____

Title and/or Organization: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Email: _____

VOLUNTEER POSITION (check all that apply)

Docent Clerical Collections Special Events Intern Other:

AVAILABILITY

	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Docents:
9 am-Noon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sat 12-4 pm
Noon-4 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sun 2-4 pm
Special Events (occasional)	<input type="checkbox"/>							

We appreciate your interest in being a volunteering for us.

Signature of volunteer applicant

Date

For office use only			
Received:	Interview date:	Initials:	1st day of volunteering: