

CCHM Volunteer Interest Form

Thank you for your interest in volunteering with the Clark County Historical Museum (CCHM). Your gift of time and enthusiasm is how we are able to fulfill our mission, vision, and goals. We invite you to begin making a difference by completing the form below. Please complete the form in full, and let us know if you have any questions.

Date: ____/____/____

Full Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Cell: _____ Work: _____

E-Mail: _____

Employer/School: _____ Occupation: _____

What positions are you interested in? *(Check all that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Research Assistant | <input type="checkbox"/> Archival and Collections |
| <input type="checkbox"/> Research Librarian | <input type="checkbox"/> Transcription/Data Entry/Filing |
| <input type="checkbox"/> Office Assistance <i>(Mass mailings, marketing, front desk, IT, etc.)</i> | <input type="checkbox"/> Education/Curriculum Development |
| <input type="checkbox"/> Special Event/Outreach Support | <input type="checkbox"/> Writer/Editor <i>(articles, mailings, etc.)</i> |
| <input type="checkbox"/> Walking/Museum Tour Guide | <input type="checkbox"/> Garden Club |
| | <input type="checkbox"/> Carpentry/Joining/Building |

Please list any previous experience you have relating to the positions checked above: _____

When are you available to volunteer? *(Mark all that apply)*

	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning <i>(9am-12pm)</i>					
Afternoon <i>(12-3pm)</i>					
Evening <i>(3-6pm)</i>					

As needed Weekly Bi-weekly Monthly Other/specific dates: _____

Other accommodations: _____



Please list your skills and talents (including computer skills): _____

Why do you want to volunteer with CCHM? _____

Will you be receiving community service credit for this experience? Yes No

If yes, name of agency: _____ Hours needed? _____

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

How did you hear about our volunteer program? _____

Please list other volunteer programs you have participated in: _____

CCHM mainly communicates with our volunteers via email, then phone calls, mail, and texts, when necessary.

Do we have permission to contact via these formats? Yes No

If not, what is the best way to contact you? _____

Would you also like to join CCHM's full mailing list to receive e-newsletters and other updates, event information, special offers, and more? Yes No

By my signature below, I verify that the above information I have provided is true and complete.

Signature: _____

Printed Name: _____

If you are under the age of eighteen, please provide a signature of a parent or guardian to indicate their acknowledgement of this form.

*Parent/Guardian Signature: _____

Printed Name: _____