

## 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: \_\_\_\_\_

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

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