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)  
□ Research Assistant □ Archival and Collections  
□ Research Librarian □ Transcription/Data Entry/Filing  
□ Office Assistance (Mass mailings, marketing, front desk, IT, etc.) □ Education/Curriculum Development  
□ Special Event/Outreach Support □ Writer/Editor (articles, mailings, etc.)  
□ Walking/Museum Tour Guide □ Garden Club  
□ Archival and Collections □ 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)  
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<th>Time</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tr>
<td>Morning</td>
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<td>(3-6pm)</td>
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□ 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: _____________________________________________________________________________