

**Springfield and Central Illinois African American History Museum**

**VOLUNTEER APPLICATION**

1440 Monument Ave, Springfield, IL 62702; P.O. Box 301 Springfield, IL 62705,

[siaahf@yahoo.com](mailto:siaahf@yahoo.com)

(Please complete the entire form and return to the museum or the P.O. Box listed above)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_ Male \_\_\_ Female

**Medical/Emergency**

In case of emergency, contact:

\_\_\_\_\_

Name	Relationship	Phone Number
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Please describe any medical conditions that you feel we should know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Background**

High School  College  Graduate School Other: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Area of Study: \_\_\_\_\_

Foreign Language (Specify only if fluent): \_\_\_\_\_

**Volunteer Experience**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interests & Availability**

I would like to volunteer my services in the following area(s): (You may select more than one.)

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Museum Store | <input type="checkbox"/> Research          | <input type="checkbox"/> Oral Histories    |
| <input type="checkbox"/> Education      | <input type="checkbox"/> Tours        | <input type="checkbox"/> Grants            | <input type="checkbox"/> Receptions/Events |
| <input type="checkbox"/> Curatorial     | <input type="checkbox"/> Development  | <input type="checkbox"/> Membership Drives | _____                                      |

I would prefer assignments on the following day(s): (You may select more than one.)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

I would prefer assignments during the following time period(s): (You may select more than one.)

WEEKDAYS:  Morning  Afternoon  Evenings

WEEKENDS:  Morning  Afternoon  Evenings

Interests: (Check as many as you like)

Art/Lettering  Special Events  Children Program  Outreach

Tour Guide  Archives  Public Relations  Museum Store

Exhibition  Education

Special Skills:

Computer  Graphics  Sign Language  Public Speaking  Teaching

Research  Secretarial  Mechanical  Photography  Writing

Reason(s) for wanting to become a volunteer at Springfield and Central Illinois African American History Museum:

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**Volunteer Agreement**

As a member of the professional unpaid staff at the museum, I agree to:

- Commit to one year of service at the Museum, a minimum of 8 hours per month.
- Attend Volunteer Meeting.
- Be prompt and reliable in reporting for assignments, trainings, tours, meetings, and training sessions.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date