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

(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

#2-16
Medical/Emergency

In case of emergency, contact:

________________________________________

Name                   Relationship             Phone Number

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.)

___ Administrative       ___ Museum Store      ___ Research       ___ Oral Histories

___ Education          ___ Tours             ___ Grants          ___ Receptions/Events

___ Curatorial        ___ Development      ___ 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 __________