

# Limestone County Historical Museum Volunteer Program Application

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Employer and Phone Number \_\_\_\_\_

\*Please fill out this portion of the application so we can get to know you better. All responses will be kept confidential.

## Volunteer Experience:

Name of previous volunteer location \_\_\_\_\_

Name of previous volunteer supervisor and contact information  
\_\_\_\_\_

Previous volunteer responsibilities/job  
\_\_\_\_\_  
\_\_\_\_\_

## Skills, Interests, & Experience:

Please let us know your personal, academic, and professional experiences, interests, and skills for opportunities based on these backgrounds.

_____ Art/Art Education	_____ Collections Management	_____ Clerical/Data Entry
_____ Construction	_____ Customer Service	_____ Graphic/Website Design
_____ Hospitality Services	_____ Journalism/Writing/Editing	_____ Landscaping/Gardening
_____ Photography	_____ Retail Experience	_____ Teaching/Education
_____ Technology	_____ Youth Engagement	_____ Other: _____

## Criminal History:

Certain volunteer areas may require a criminal background check Have you ever been convicted/pled guilty to a crime other than a traffic violation? \_\_\_ Yes \_\_\_ No

If yes, please describe \_\_\_\_\_

## Museum Board Member Interest:

I am interested in being on the Limestone County Historical Museum Board. \_\_\_ Yes \_\_\_ No

**References:** Please provide two references that are not your relatives.

Reference 1

Name \_\_\_\_\_ Relation to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Reference 2

Name \_\_\_\_\_ Relation to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

**Volunteer Agreement:**

By submitting this form I certify that the facts in this application are true, correct, and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal from the Museum Volunteer Program. I authorize the Museum to check and verify all information on this application. In order to perform due diligence in protecting the well being and safety of those we serve, the Museum reserves the right to perform criminal background checks on any current employee, applicant or volunteer. I fully release references, employers, and the Museum from any liability from the verification process. I understand that as a museum volunteer I will be expected to abide by the Museum's Ethics Policy while I am a volunteer.

Name (Print) \_\_\_\_\_

\_\_\_\_\_  
Signature Date

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**OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_