

# ILLIANA GENEALOGICAL & HISTORICAL SOCIETY

## Volunteer Application



### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

### Availability we ask for a minimum of 2 hours but appreciate any time donated.

During which days/hours would you be available to volunteer?

	10-3	10-1	1-3
<input type="checkbox"/> Tues	___	___	___
<input type="checkbox"/> Wed	___	___	___
<input type="checkbox"/> Th	___	___	___
<input type="checkbox"/> Fri	___	___	___

### Interests

Tell us in which areas you are interested in volunteering, we have many ongoing projects that may also interest you. Please ask one of our staff.

- Staffing the Library, answering phones, helping customers
- Research, ( book records and computer research)
- Data Entry, filing, scanning
- Fundraising
- Special Projects
- Scrapbooking
- Yard work, light maintenance
- Vacuuming, dusting, organizing

### Please list any Special Skills or Qualifications

You have from employment, previous volunteer work, or through other activities, including hobbies or sports.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Previous Work/ Volunteer Experience

ORGANIZATION/COMPANY

POSITION/RESPONSIBILITIES

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

SIGN HERE \_\_\_\_\_

DATE \_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering for IGHS.