

# Volunteer Application



## Contact Information

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please supply both and **circle your preferred method of contact:**

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

## Background Information

\*Date of Birth (mm/dd/yy): \_\_\_\_\_

\*Driver's License Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

\*Required for background check, along with signature on the back of this page

Have you ever been convicted of a crime? No  Yes  If yes, explain the nature of the offense: \_\_\_\_\_

## Previous Work & Volunteer Experience

Current/most recent employer: \_\_\_\_\_

Your Title/Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Current/most recent volunteer position (name of organization): \_\_\_\_\_

Your duties: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Education (please indicate HS, College, degree(s) and major field(s) of study: \_\_\_\_\_

## Availability

During which hours are you generally available for volunteer assignments?

Weekday mornings  Weekend mornings

Weekday afternoons  Weekend afternoons

Weekday evenings  Weekend evenings

I prefer to volunteer: Weekly  Twice/mo.  On call, as needed

## Emergency Contact

First & Last Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

Second Phone (optional): \_\_\_\_\_

## Limitations

Are there any limitations on your abilities that you would like to share (i.e., unable to lift heavy objects, or stand for long periods of time, have difficulty on stairs, need wheelchair/walker, etc.)?

The City of Troy fully supports and complies with the laws which are enacted to protect and safeguard the rights and opportunities of all people, without being subjected or exposed to harassment or discrimination of any kind, including age, national origin, sex, race, religious affiliation, color, height, weight, or marital status.

**On the back of this form: Please check off general areas of interest and skills you'd like to share →**

## Volunteer Interests

Please check the skills you'd like to share or learn about:

Preserve our Resources	Support Operations	Engage the Public
<input type="checkbox"/> Archival Documentation <input type="checkbox"/> Artifact Cleaning and Care <input type="checkbox"/> Building Maintenance/Clean <input type="checkbox"/> Gardening <input type="checkbox"/> Genealogy <input type="checkbox"/> Grounds Maintenance/Clean <input type="checkbox"/> Historic Preservation <input type="checkbox"/> Historic Research <input type="checkbox"/> Painting indoor/outdoor <input type="checkbox"/> Photo & Document Scanning <input type="checkbox"/> Textile Repair/Sewing <input type="checkbox"/> Transcribe audio recordings <input type="checkbox"/> Translate (which languages): <hr/> <input type="checkbox"/> Window washing	<input type="checkbox"/> Address Mail/Prep Mailings <input type="checkbox"/> Craft Material Preparation <input type="checkbox"/> Data Entry <input type="checkbox"/> Event Set-Up & Take-Down <input type="checkbox"/> Gift Shop Buyer <input type="checkbox"/> Gift Shop Inventory <input type="checkbox"/> Make phone calls <input type="checkbox"/> Microsoft Office Suite <input type="checkbox"/> Seasonal Decorating <input type="checkbox"/> Social Media <input type="checkbox"/> Special Event Assistance <input type="checkbox"/> Special Event Planning <input type="checkbox"/> Survey Tabulation <input type="checkbox"/> Website Development	<input type="checkbox"/> Artisan (describe) <hr/> <input type="checkbox"/> Cashier/Ticket Seller <input type="checkbox"/> Docent/Tour Guide <input type="checkbox"/> Greeter <input type="checkbox"/> Musician (describe) <hr/> <input type="checkbox"/> Reenactor (describe) <hr/> <input type="checkbox"/> Speaker (which topics) <hr/> <input type="checkbox"/> Workshop/Activity Leader <hr/>
Write & Publish	Manage Business	Manage Funds
<input type="checkbox"/> Books <input type="checkbox"/> Brochures <input type="checkbox"/> Editing/Proofreading <input type="checkbox"/> Layouts <input type="checkbox"/> Magazine Articles <input type="checkbox"/> Newsletters <input type="checkbox"/> Photography <input type="checkbox"/> Press Releases <input type="checkbox"/> Production <input type="checkbox"/> Public Relations <input type="checkbox"/> Video & Film	<input type="checkbox"/> Chair Meetings <input type="checkbox"/> Coordinate Projects/Events <input type="checkbox"/> Interviewing <input type="checkbox"/> Marketing/Advertising <input type="checkbox"/> Placement <input type="checkbox"/> Recruiting <input type="checkbox"/> Resource Development <input type="checkbox"/> Training <input type="checkbox"/> Volunteer Leadership	<input type="checkbox"/> Accounting <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Build Sponsor Relationships <input type="checkbox"/> Fundraising <input type="checkbox"/> Grant Writing <input type="checkbox"/> Prepare Budgets

## Agreement and Signature

I understand that I am volunteering solely for the purpose of helping the Troy Historic Village achieve its mission and goals of educating the public about local and regional history. I agree to abide by all the rules and regulations set forth by the Troy Historic Village and the Troy Historical Society as they relate to the position I am volunteering for and agree to return all equipment at the conclusion of the program. I herewith release and hold harmless the City of Troy and the Troy Historical Society from any and all claims by myself or my family or assignees, which may arise from performance of the duties, for which I am volunteering and while traveling from said duties. I understand that the Troy Historical Society will indemnify me from any and all claims arising from the performance of the duties for which I am volunteering as long as I am following all the rules, regulations, and policies of the society. I understand that smoking on the grounds and buildings is not permitted. I understand that the Troy Historical Society has a zero tolerance alcohol policy, of which I agree to abide by when volunteering, as well as abstaining from any alcohol consumption before my scheduled volunteer time. **I authorize the Troy Historical Society to investigate my background, as is determined necessary for the particular activity for which I am volunteering.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian (minor) Date \_\_\_\_\_

### Please Return To:

Stephanie Suszek, Adult Programs & Services Director, 60 W. Wattles Rd. Troy MI 48098 [apd@thvmail.org](mailto:apd@thvmail.org)