

# Volunteer Application

Contact Information			
Name			
Street Address			
City ST ZIP			
Home Phone			
Cell Phone			
E-Mail Address			
Birth Date     /     /	Make & Model Car	Lic Plate#	State:

**Availability beginning (MM/DD/YR):** \_\_\_\_\_

During which hours are you available for volunteer assignments?

- |                    |                    |
|--------------------|--------------------|
| Weekday mornings   | Weekend mornings   |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings   | Weekend evenings   |

## Interests

Tell us in which areas you are interested in volunteering:

- |                        |                          |                             |
|------------------------|--------------------------|-----------------------------|
| Event Organizer        | Administrative Assistant | ___ Special Event Volunteer |
| Event Greeter          | Research Assistant       | ___ Marketing Assistant     |
| Docent (museum guide)  | Member Drive             | ___ Program Assistant       |
| ___ Building & Grounds | ___ Museum Shop          | ___ Museum Admissions       |
| ___ Other:             | _____                    |                             |

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize any previous volunteer experience.

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## Person to Notify in Case of Emergency

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

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that in working with children, I may need to submit to certain clearances -- The Pennsylvania State Police Criminal Records Check and the Pennsylvania Child Abuse History Clearance --and am willing to do this, if required.

Name (printed)	
Signature	
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 with us.

Questions? Please email

Ken Wildrick, Volunteer Coordinator: [volunteer.nchgs@gmail.com](mailto:volunteer.nchgs@gmail.com)

Or call our office at: 610.253.1222

Please return completed application to:  
Northampton County Historical & Genealogical Society  
342 Northampton St.  
Easton, PA 18042

Or email them to [volunteer.nchgs@gmail.com](mailto:volunteer.nchgs@gmail.com)