



HISTORY MUSEUM

A T T H E C A S T L E

Volunteer Application

Outagamie County Historical Society, Inc.
330 E. College Avenue
Appleton, WI 54911

Contact Sheila Ploeckelman at
phone: 920 735-9370 ext. 104 or
email: sheila@myhistorymuseum.org

Personal Details

Name: _____
Last First Middle Initial
Phone: (____) _____ email: _____
Address: _____
City/State: _____ zip: _____
Birth-date: _____
Month / Day / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____
Phone (Primary): (____) _____ Phone (Secondary): (____) _____

Education

Highest Level of Education _____

Employment

I am: employed not employed retired

Employer: _____ Position/Title: _____

Full Time Part Time

Dates of Employment (starting, ending) _____

Work phone number: (____) _____ please do not call me at work

My employer offers a time-off program for volunteer hours.

My employer offers a financial contribution to match volunteer hours.

Skills & Experience

Special training, skills, hobbies _____

Groups, Clubs, organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that prepare you to work in the position you are applying?

Why do you want to volunteer with us?

Have you ever been convicted of a crime? No Yes (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? No Yes

General Information

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Which Activities interest you?

- Front Desk Attendant Docent
 Special events School Days/Youth Programs
 Photographer Yard Work
 Set Up Collections/Archives
 Event volunteer Other _____

How did you hear about Outagamie County Historical Society Volunteer opportunities?

Brochure? Internet? Friend or relative? Other? _____

References

Name _____ Relationship _____

Length of Relationship _____ E-Mail: _____

Phone (Primary): (_____) _____ Phone (Secondary): (_____) _____

Name _____ Relationship _____

Length of Relationship _____ E-Mail: _____

Phone (Primary): (_____) _____ Phone (Secondary): (_____) _____

Name _____ Relationship _____

Length of Relationship _____ E-Mail: _____

Phone (Primary): (_____) _____ Phone (Secondary): (_____) _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Outagamie County Historical Society, Inc that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Outagamie County Historical Society, Inc. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Outagamie County Historical Society, Inc or my termination as a volunteer.

Signature: _____ Date: _____