



Rome Historical Society
 200 Church Street | Rome, NY 13440
 Phone: 315-336-5870 | Fax: 315-336-5870
 www.romehistoricalsociety.org

VOLUNTEER APPLICATION

Please print legibly. Please be sure to fill out the front AND back. Thank you!

NAME (First, MI, Last):	DATE:
STREET ADDRESS:	CITY: ZIP CODE:
PHONE NUMBER (Including Area Code):	E-MAIL ADDRESS:

IN WHAT AREAS ARE YOU MOST INTERESTED IN VOLUNTEERING?		
<input type="checkbox"/> Research Library	<input type="checkbox"/> Property Maintenance/Janitorial	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Collection/Curation	<input type="checkbox"/> Office/Clerical	_____
<input type="checkbox"/> Museum Tours	<input type="checkbox"/> Gift Shop	_____
<input type="checkbox"/> Programming	<input type="checkbox"/> Fundraising	_____

WHAT QUALIFICATIONS, SKILLS, AND/OR CERTIFICATIONS DO YOU POSSESS?		
<i>Please list specific details and qualifications under "OTHER," where applicable.</i>		
<input type="checkbox"/> Librarianship	<input type="checkbox"/> Writing/Editing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Landscaping	_____
<input type="checkbox"/> First Aid Certifications (list)	<input type="checkbox"/> Trade Skills (list)	_____
<input type="checkbox"/> Teaching	<input type="checkbox"/> Graphic Design	_____
<input type="checkbox"/> Computer Programs (list)	<input type="checkbox"/> Curation	_____
<input type="checkbox"/> Sign Language/Other (list)	<input type="checkbox"/> Cashiering	_____
<input type="checkbox"/> Historical Research	<input type="checkbox"/> Hand/Power Tools	_____

EDUCATION:	LOCATION:	DEGREE ATTAINED/YEAR:
<i>High School:</i>		
<i>College:</i>		
<i>Graduate School:</i>		
<i>Trade/Other Certifications:</i>		

Volunteers are an essential part of the Rome Historical Society. Thank you for your interest and support!



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REFERENCES

Please provide the names, phone numbers, and affiliation of three references:

<i>Name:</i>	<i>Phone Number:</i>	<i>How do you know this person?</i>
1.		
2.		
3.		

AVAILABILITY

<i>Days</i>	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<i>Hours per Day</i>					
<i>Total Hours per week to volunteer:</i>					
<i>Is there anything else we should know about your hours of availability?</i>					

OTHER

Are there any limitations that may impact your ability to act as a volunteer?

EMERGENCY CONTACT INFORMATION

Name of Primary:	Relationship:
Phone Number(s):	
Name of Secondary:	Relationship:
Phone Number(s):	

<i>Signature of Volunteer Applicant:</i>	<i>Date:</i>
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