



Volunteer Application

Thank you for your interest in joining the Berks History Center's team. We look forward to meeting you and finding the best fit for your individual skills, talent and passion. **Please print in blue or back ink.**

Name: _____

Address: _____

Telephone: _____ Email: _____

Will you be receiving school credit or fulfilling graduation requirements? _____

Emergency Contact _____

Emergency Contact Phone _____

I am interested in volunteering in: (Please check your area(s) of interest)

- | | | |
|---|--|---|
| <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Docent | <input type="checkbox"/> School Group Docent |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Museum Store associate | <input type="checkbox"/> Mailings | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Artifact Maintenance | <input type="checkbox"/> Research | <input type="checkbox"/> Photograph Scanning |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Object processing | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Technical Support | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Outreach Lectures |
| <input type="checkbox"/> Public Programming | <input type="checkbox"/> Archival Processing | <input type="checkbox"/> Oral History |
| <input type="checkbox"/> Genealogy /Historical Research | <input type="checkbox"/> Fabrication | <input type="checkbox"/> Translators |

What Is Your Availability?

Please check the times you are interested in volunteering. Mark all that apply.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Tuesday Mornings | <input type="checkbox"/> Tuesday Afternoons | <input type="checkbox"/> Wednesday Mornings | <input type="checkbox"/> Wednesday Afternoons |
| <input type="checkbox"/> Thursday Mornings | <input type="checkbox"/> Thursday Afternoons | <input type="checkbox"/> Friday Mornings | <input type="checkbox"/> Friday Afternoons |
| <input type="checkbox"/> Saturday Mornings | <input type="checkbox"/> Saturday Afternoons | <input type="checkbox"/> School Year Only | <input type="checkbox"/> Summer Only <input type="checkbox"/> All Year |

Education Level: ___ High School ___ College ___ Graduate School ___ Other

Are you retired? ___ If you are under the age of 21, please list your current grade _____

Do you have any retail experience? ___ Yes ___ No

Interests & Hobbies: _____

Skills or Areas of Expertise: _____

References (Please list any available)

Name: _____	Name: _____
Relation: _____	Relation: _____
Mobile Number: _____	Mobile Number: _____
Work Number: _____	Work Number: _____

Emergency Medical Information

Allergies: _____

Any medication needed in the event of a reaction: _____

Any major medical conditions: _____

I, _____ allow the Berks History Center to use photography containing my image. I am aware that these photos may appear on the Berks History Center’s website, Facebook page, or other forms of publicity and internet advertisement.

Please Print Name: _____ Date: _____

PERMISSION from parent or guardian **REQUIRED** for youth under 18 years of age:
 _____ has my permission to volunteer at the Berks History Center.

Age of Youth: ___ Signature of Parent/Guardian: _____ Date: _____

For office use:

Date Started: _____ *Department:* _____ *Supervisor:* _____