



Nebraska State Historical Society
P.O. Box 82554
Lincoln, NE 68501-2554
Phone: 471-4955
www.nebraskahistory.org

VOLUNTEER APPLICATION

*Thank you for your interest in volunteering with the Nebraska State Historical Society!
To help us find a volunteer opportunity that suits your interests and skills, please take a moment to complete this application form (front and back, up to your signature).*

BACKGROUND INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone:(home) _____ (office) _____

e-mail address: _____ Cell Phone _____

Education: _____

Employment experience: _____

Volunteer experience: _____

Is verification of your volunteer hours required? yes no

If yes, what organization and why? _____

Have you ever been convicted of a violation of law other than a minor traffic violation? yes no

If yes, please explain: _____

A conviction will not necessarily disqualify you from volunteering.

Emergency contact person: _____

Emergency contact person's phone number: (home) _____

(office) _____

INTERESTS AND AVAILABILITY

How did you learn about our volunteer program?

Society staff/volunteer

Newspaper

Society newsletter

Flier

TV or Radio

Other _____

Special skills or hobbies: _____

What would you like to gain by volunteering? _____

In what area(s) would you like to volunteer? _____

Check All That Apply:

- I prefer
- working with the public yes no
 - working with children yes no
 - working with adults yes no
 - working on an individual project yes no
- I have
- computer skills yes no
 - keyboarding skills yes no

Please indicate the days and times you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

Total number of hours desired per week: _____

REFERENCES

Name: _____

Phone: (home/ cell) _____ (office) _____

Email: _____

Name: _____

Phone: (home/ cell) _____ (office) _____

Email: _____

VOLUNTEER AGREEMENT

I agree to donate my services to the Nebraska State Historical Society (NSHS), and understand that I will not be paid. I understand that the NSHS may take photographs of me for publications or other uses. I agree to abide by NSHS rules, regulations, and policies, and will work under the direction of its staff towards its mission. I understand that my volunteer services will be terminated if I do not abide by NSHS rules, regulations, and policies. I authorize the NSHS to investigate all statements made in this application, and to do a background check.

Volunteer signature: _____ **Date:** _____

For applicants who are 18 years or younger:

I give my permission for _____ to volunteer with the Nebraska State Historical Society, accepting all NSHS rules, regulations, and policies.

Parent/guardian signature: _____ Date: _____

If you have questions contact Deb McWilliams at 471-4955 or deb.mcwilliams@nebraska.gov

THANK YOU! THANK YOU! THANK YOU! THANK YOU!

FOR NSHS OFFICE USE

Contacted	References Ckd.	Interviewed	Placed	Evaluated	Departed
Placement	Division	Supervisor	Description of Duties		