LAST NAME			VOLUNTEER APPLICATION									
								DATE				
			FIRST NAME				-	YOUR CONTACT INFORMATION PHONE				
							_	Do you rec EMAIL	eive texts?	Yes	No	
ADDF	RESS	_	CITY	_	STATE Z	ZIP	-					
PLEAS	SE CHECK A	ANY/ALI	OF YOU	IR INTEF	RESTS FOR	VOLUN	TEERIN(G AT ECHS	S:			
	Office/Cl	lerical		History			Tour Gui	ide		Carpentry	у	
	Data Entr	у		Catalogu	uing –		Docent/	Teaching -		Painting		
	Mailings			Research	n/Library		People Pe	erson		General P	Repair	
	Gift Shop			Writing/	/Editing —		Public Sp	eaking		Design/G	raphics	
	Photograp			Cleaning	-		Archives			Exhibit D		
	Events	-		Fundrais			Arts/Cra	fts		Gardens/		
М	T T T T T T T	W	Τ	F	ite in preferred S S LEASE TELI	5	JERF AN	Others:		Volga Ger		
11/172	104 102		D DLI C					DWILLI	Tource		LICE.	
DO YO	OU HAVE SKILI	LS, EDUCA	TION, OR	WORK EX	PERIENCE RE	ELATED T	Г <u>О НО</u> Ү	<u>OU WOUL</u> D	LIKE TO	VOLUNTEI	ER?	

HAVE YOU EVER BEEN CONVICTED OF A FELONY/MISDEMEANOR If yes, please explain date, place and specifics of conviction:	R? YES	NO
HAS A CIVIL OR CRIMINAL COMPLAINT BEEN FILED AGAINST YO OR CHILD ABUSE BY YOU OR YOUR PARTICIPATION OF SUCH A given to management or supervisors at places of employment)? If so, explain completely:		
HAVE YOU EVER SERVED AS AN EMPLOYEE/VOLUNTEER IN WHIC WITH CHILDREN OR OTHER VULNERABLE POPULATIONS?	CH YOU HAD SIGNIFICAN YES	NO
HAVE YOU COMPLETED SPECIALIZED TRAINING RELATED TO WO VULNERABLE POPULATIONS? If yes, please explain the type of training you received:	ORKING WITH CHILDRE	N OR OTHER NO
PLEASE PROVIDE ONE REFERENCE (not family):	Phone	
APPLICANT STATEMENT		

I have submitted the above information as true, correct, and complete, to the best of my knowledge. Intentional misstatement or omission will end my time of service at the Ellis County Historical Society. I grant permission to check my background and reference, and release Ellis County Historical Society from any and all resultant liability.

Signature

Date