Historical Society of Dauphin County
New Volunteer/Intern Information Form

(Please print legibly)

NAME: ________________________________________________

ADDRESS: ___________________________________________________________________

PHONE: Home: __________________ Work: __________________
        Email: ____________________  Cell: ____________________

EMERGENCY CONTACT:
        Name __________________________________________ Phone __________________________

TWO REFERENCES (Name and Phone Number)
1. __________________________________________________________
2. __________________________________________________________

How often are you able to volunteer?  (Check all that apply)
  ___ as needed and as I am available
  ___ on a regular basis  ___once a week  ___once a month
  ___ other (please specify)________________________________

When are you available for volunteer work?
Days: ___Mon     ___Tues     ___Wed    ___Thurs ___Fri  ___Sat ___Sun
Hours: ___AM       ___PM       ___ Any
Comments: ____________________________________________________

Please check all volunteer opportunities you are interested in:

Docent Tours
  ___ General
  ___ Groups, adults
  ___ Groups, students/children
Archives/Collections and Library
  ___ Cataloging
  ___ Photography/Scanning
  ___ Research
  ___ Exhibit assist
Programs and Events
  ___ Program/Event Attendant
  ___ Serve on Program or Event Planning Committee
Office Support
  ___ Bulk Mailings
  ___ Computer input
  ___ Marketing assist
Building and Grounds
  ___ Grant writing assist
  ___ Gardening
  ___ Lawn care
  ___ Mansion cleaning
  ___ Building or Grounds maint/repair
  ___ Serve on Facilities Committee
Volunteer Coordinator

Special Areas of Experience, Interest or Expertise:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________