

VOLUNTEER APPLICATION: CHASKA HISTORICAL SOCIETY

NAME _____ Date _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

Email _____

EMERGENCY CONTACT _____

CONTACT'S PHONE /CELL _____

Volunteer Type: Adult Student

Skills, Interests, Hobbies: _____

Do you need to complete volunteer hours for school, scouts or community service? If yes, please explain the requirements:

Availability and Schedule Preference: _____

Chaska History Center is open Tuesday and Friday, 1:00pm to 4:00pm. When else would you be available?

How did you hear about out volunteer opportunities?

Internet Newspaper Relative/Friend Other _____

Volunteer Service Areas: Check all areas of interest

<input type="checkbox"/>	Collect Information	<input type="checkbox"/>	Create displays
<input type="checkbox"/>	Solicit immigrant and migrant history	<input type="checkbox"/>	Maintain genealogy files
<input type="checkbox"/>	Catalog and archive	<input type="checkbox"/>	Assist with creation and revision of resource materials
<input type="checkbox"/>	Collect oral interviews	<input type="checkbox"/>	Staff desk/Welcome and assist visitors
<input type="checkbox"/>	Give tours or otherwise present to groups	<input type="checkbox"/>	Write articles or history briefs for local publications and/or Facebook
<input type="checkbox"/>	Organize digital resources	<input type="checkbox"/>	I'd like to try a variety of things

I hereby certify that the information in the above application are true and complete to the best of my knowledge. I understand that this is not an application for paid employment, and my acceptance as a volunteer is contingent on my passing a background check conducted by CHS. If accepted as a volunteer, **I agree to become a member of the society**, and participate in orientation and/or training as may be required. I also agree that all work done as a society volunteer becomes the property of the society. Lastly, I agree to waive any liability for any damages or injury that may be incurred while participating as a volunteer for the society.

Signature _____ Date _____

Parent/Guardian Signature required if a Minor _____

Please return this sheet to the Chaska History Center, 112 West Fourth St., Chaska, MN 55318