

Waukesha County Historical Society & Museum Volunteer Interest Survey

Please print in ink.



Name: _____
Last First Middle

Address: _____

City: _____ State WI Zip _____

Phone (day) _____ Phone (eve) _____

Date of Birth _____ E-mail _____

Which volunteer position are you interested in?
 (Volunteer positions are posted online at www.wchsm.org/get-involved)

Volunteer Experience *Please describe any volunteer experience(s).*

Organization _____ City _____ State _____

Dates _____ Duties _____

Contact Person _____ Phone _____

Organization _____ City _____ State _____

Dates _____ Duties _____

Contact Person _____ Phone _____

Skills & Interests *Check all in which you have experience or are interested in.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Computer | <input type="checkbox"/> Research | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Cash Register | <input type="checkbox"/> Archives/Collections | <input type="checkbox"/> Fundraising/Grant Writing |
| <input type="checkbox"/> Phone | <input type="checkbox"/> Education | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Tour Guide | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Gift Shop/Retail | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Exhibit Building |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other _____ |

Language(s) read/spoken: _____

Courses taken/studied: _____

Availability *Please indicate the times you would like to volunteer.*

| | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|---------|-----------|----------|--------|----------|
| Morning | | | | | |
| Afternoon | | | | | |

How often would you like to volunteer? Regular assignments Occasional activities

Occasionally the museum needs assistance outside of its regular hours (evenings, Sundays, holidays).
 Would you be willing to help on such occasions? Yes No

Are you currently employed? Yes No

Employer: _____

City: _____ State: _____

Name _____
Last First Middle

References List 2 persons NOT related to you who can describe your qualifications for the volunteer position you are interested in.

Name _____ Relationship: _____

Phone: _____ Email: _____

Name _____ Relationship: _____

Phone: _____ Email: _____

Emergency Contacts List 2 persons that WCHSM can contact in an emergency situation.

Name _____ Relationship: _____

Phone: _____ Alt Phone: _____

Name _____ Relationship: _____

Phone: _____ Alt Phone: _____

Please list any medical conditions, allergies, or health considerations we should be aware of: _____

Agreement

I wish to volunteer my services to the Waukesha County Historical Society & Museum (WCHSM). I also give my permission to WCHSM to use my name/photo in promotion or public relations. I certify that all facts in this application are true and complete to the best of my knowledge. I authorize WCHSM or its representatives to verify any information I have provided and to investigate my personal history, subject to the Fair Credit Reporting Act. I release and hold harmless WCHSM, its representative and any person or organization that provides information relating to me for any and all liability or claims related to the investigation of my personal background.

WCHSM takes seriously its obligation to provide a safe environment for everyone involved in its programs. I understand that WCHSM does not tolerate distribution, sale or possession of illegal drugs or any controlled substance on museum premises. I will adhere to all relevant WCHSM policies and uphold the highest standards of conduct and confidentiality. I will not discriminate against people of any race, sex, color, religion, national origin, age, disability, veteran or military status, marital status, sexual orientation or any other basis protected by law.

Have you ever used or been known by any other names, including middle, maiden or other married names?

No Yes – specify _____

Have you ever been convicted of a crime, or are charges pending against you for any offenses, including traffic? No Yes – specify _____

Print full legal name: _____
Last First Middle

Applicant's Signature _____ Date _____

For WCHSM use only

| | | |
|---|------------|----------|
| <input type="checkbox"/> Interviewed | Date _____ | By _____ |
| <input type="checkbox"/> Folder | | |
| <input type="checkbox"/> Background Check | Date _____ | By _____ |
| <input type="checkbox"/> Reference Check | Date _____ | By _____ |