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.

☑ Computer  ☑ Research  ☑ Arts & Crafts
☐ Cash Register  ☑ Archives/Collections  ☑ Fundraising/Grant Writing
☐ Phone  ☑ Education  ☑ Marketing
☐ Customer Service  ☐ Tour Guide  ☐ Event Planning
☐ Gift Shop/Retail  ☑ Public Speaking  ☑ Exhibit Building
☐ Data Entry  ☑ Special Events  ☑ Other ______________

Language(s) read/spoken: ____________________________________________

Courses taken/studied: ____________________________________________

Availability Please indicate the times you would like to volunteer.

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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: __________________
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, it 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

☐ Interviewed Date ___________ By ________________________
☐ Folder Date ___________ By ________________________
☐ Background Check Date ___________ By ________________________
☐ Reference Check Date ___________ By ________________________