

## **Volunteer Enrollment Form**

### Johnson County Museum of History

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

### **Skills and Interests**

Education Background: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Do you feel comfortable using a computer or would you rather work in areas that do not require the use of a computer? \_\_\_\_\_

1/3/2014

Please indicate below the type of volunteer work in which you are interested. (You may circle more than one)

- Collections – cataloging artifacts and preparing items for storage
- Archive and Database Management – photographing, scanning, and entering artifact descriptions in computer database
- Education – Includes helping with school tours and other museum educational programs
- Special Events – working and helping prepare for museum events, such as our annual Wine and Cheese fundraiser
- Genealogy – Helping with family research, indexing records and archiving

**Availability**

At what times are you available to volunteer? How many hours would you like to volunteer each week?

Please specify days of the week you are available and times.

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How did you hear about the museum’s volunteer program?

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**Statement of Agreement**

I am interested in serving as a volunteer of the Johnson County Museum of History and am prepared to receive the necessary training. I will hold the Johnson County Museum of History blameless if I incur injury during my work as a volunteer.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_