

# Waukesha County Historical Society & Museum Volunteer Interest Survey

Please print in ink.



Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

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

Phone (day) \_\_\_\_\_ Phone (eve) \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail \_\_\_\_\_

How did you learn of this opportunity? \_\_\_\_\_

**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 \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**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 _____