



# Arizona Historical Society

## Volunteer Application Form

\_\_\_\_\_ (Volunteer position title)

Date: \_\_\_\_\_

### SECTION I

Name \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### SECTION II

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

Occupation(Past occupation if retired): \_\_\_\_\_

Other information that will help us make a good match (such as education, general interests/hobbies)

\_\_\_\_\_  
\_\_\_\_\_

### SECTION III Availability and Volunteer Assignment Preferences

Please check all that are applicable: **I am available**

- Mornings Mon-Fri
- Afternoons (Mon-Fri)
- One Time Only
- Evenings(Mon-Fri)
- Saturday
- Once A Week More than Once a Week

**SECTION IV**

I have an interest in a specific Department

- YES
- NO

**Please check all that are applicable:**

**I am available**

- Administration
- Education
- Exhibits
- Guest Experience
- Library, Archives & Collections
- Marketing & Communications
- Operations
- Publications
- Revenue Enhancement

**SECTION V**

- Do You Have A Valid (State) Driver’s License? YES \_\_\_\_\_ NO \_\_\_\_\_
- License Number: \_\_\_\_\_
- Vehicle License Plate Number: \_\_\_\_\_
- Insurance Company: \_\_\_\_\_
- Policy#: \_\_\_\_\_

**Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise?**

- YES
- NO
- If Yes, Please Explain: \_\_\_\_\_
- \_\_\_\_\_

**Do You Have Any Physical Condition that May Limit Your Activities? YES \_\_\_\_\_ NO \_\_\_\_\_**

- If Yes, Describe: \_\_\_\_\_
- \_\_\_\_\_

**SECTION VI**

**Highest Education Level:** \_\_\_\_\_

**Language Spoken:** \_\_\_\_\_

**Add additional skills** \_\_\_\_\_

\_\_\_\_\_

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**SECTION VII** Please indicate by **Circling** the month you would be able to start volunteering.

**Starting**

January, February, March, April, May, June, July, August, September, October, November, December

**Ending**

January, February, March, April, May, June, July, August, September, October, November, December

Who To Notify In Case Of An Emergency? \_\_\_\_\_

Telephone # \_\_\_\_\_

**SECTION VIII Additional Information**

How/Where did you hear about the Arizona Historical Society, and what brought you in?

\_\_\_\_\_

Why are you interested in volunteering at the Arizona Historical Society?

\_\_\_\_\_

Other experiences: Volunteer and/or Relevant Experience

\_\_\_\_\_

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Signature Of Applicant

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Date