

# SHASTA HISTORICAL SOCIETY

1449 Market Street, Redding, CA 96001

530.243.3720

## Adult Volunteer Application

### I. Personal Information

Date _____			
Name _____			
Last	First	Middle	Date of Birth
Address _____			
Street	City	State	Zip
Telephone _____		Alternate Telephone _____	
Email Address _____			
Years in Shasta County _____		Family Name(s) _____	

### II. Volunteer Information

Have you ever volunteered before? _____ If so, where? _____	
_____	
Brief description of duties _____	
_____	
How did you hear about our volunteer program? _____	
Please note the skills, abilities, or interests below that are applicable to you:	
<input type="checkbox"/> Previous historical society work	<input type="checkbox"/> Knowledge of audio-visual equipment
<input type="checkbox"/> Data processing/computer work	<input type="checkbox"/> Arts and crafts/creating displays
<input type="checkbox"/> Typing/word processing	<input type="checkbox"/> Knowledge of library materials
<input type="checkbox"/> Knowledge of a foreign language	<input type="checkbox"/> Experience with electronic resources
Please list: _____	
Other special interests, skills, or hobbies _____	
_____	
Other organizations for which you currently volunteer _____	
_____	

III. Medical Information

Emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital preferred \_\_\_\_\_

Physical limitations or medical condition SHS should be aware of \_\_\_\_\_

\_\_\_\_\_

I. Availability

I am available for volunteer service (please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (9am- 12 pm)						
Afternoon (12pm—4 pm)						

Please note: Saturdays are only for special events like the monthly membership meeting.

Total hours available per week \_\_\_\_\_

Do you prefer to work: \_\_\_ independently \_\_\_ with others \_\_\_ projects only

II. Signature

I, \_\_\_\_\_, do hereby agree to indemnify and hold harmless the Shasta Historical Society from any and all claims of action that may arise out of performance of my assigned duties. I waive any right of action I have against the Shasta Historical Society in consideration of my participation as a volunteer for the Society.

I also understand that in my capacity as a Shasta Historical Volunteer, I may come into contact with confidential information. I agree to protect this information to the best of my abilities as a volunteer and not to divulge it during or after my service as a volunteer has ended.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_