

Alabama Department of Archives and History

Volunteer Application

For Office Use Only: Medical Release _____ Name Tag _____ Assignment _____ Internet form _____

Personal Information

Name (First and Last):	
I prefer to be called:	Date of Birth:
Street Address:	City:
	State and Zip Code:
Phone number (home):	Phone number (cell):
Email address:	

How did you learn of our program? _____

Emergency Information

Contact name: _____

Contact number: _____

Relationship: _____

Contact name: _____

Contact number: _____

Relationship: _____



Availability

When are you available to volunteer? (Check all that apply)

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM

How many times a week would you like to volunteer? _____

Number of hours per day: _____

Areas of interest: (Check all that apply)

Hands-On Gallery	Special Projects	Docent
Gift Shop	Receptionist	

Please answer the following question:

What are three goals you wish to achieve from your volunteer service with the Archives?

List any education and/or experience you have had that you feel would help you as an Archives volunteer:

What else would you like us to know about you? (hobbies, extracurricular activities, etc.)

