



Nebraska State Historical Society  
P.O. Box 82554  
Lincoln, NE 68501-2554  
Phone: 471-4955  
[www.nebraskahistory.org](http://www.nebraskahistory.org)

## VOLUNTEER APPLICATION

*Thank you for your interest in volunteering with the Nebraska State Historical Society!  
To help us find a volunteer opportunity that suits your interests and skills, please take a moment to complete this application form (front and back, up to your signature).*

### BACKGROUND INFORMATION

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

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

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

Phone:(home) \_\_\_\_\_ (office) \_\_\_\_\_

e-mail address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Employment experience: \_\_\_\_\_

Volunteer experience: \_\_\_\_\_

Is verification of your volunteer hours required?  yes  no

If yes, what organization and why? \_\_\_\_\_

Have you ever been convicted of a violation of law other than a minor traffic violation?  yes  no

If yes, please explain: \_\_\_\_\_

A conviction will not necessarily disqualify you from volunteering.

Emergency contact person: \_\_\_\_\_

Emergency contact person's phone number: (home) \_\_\_\_\_

(office) \_\_\_\_\_

### INTERESTS AND AVAILABILITY

How did you learn about our volunteer program?

Society staff/volunteer

Newspaper

Society newsletter

Flier

TV or Radio

Other \_\_\_\_\_

Special skills or hobbies: \_\_\_\_\_

What would you like to gain by volunteering? \_\_\_\_\_

In what area(s) would you like to volunteer? \_\_\_\_\_

Check All That Apply:

- I prefer
- working with the public  yes  no
  - working with children  yes  no
  - working with adults  yes  no
  - working on an individual project  yes  no
- I have
- computer skills  yes  no
  - keyboarding skills  yes  no

Please indicate the days and times you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

Total number of hours desired per week: \_\_\_\_\_

## REFERENCES

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

Phone: (home/ cell) \_\_\_\_\_ (office) \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: (home/ cell) \_\_\_\_\_ (office) \_\_\_\_\_

Email: \_\_\_\_\_

## VOLUNTEER AGREEMENT

*I agree to donate my services to the Nebraska State Historical Society (NSHS), and understand that I will not be paid. I understand that the NSHS may take photographs of me for publications or other uses. I agree to abide by NSHS rules, regulations, and policies, and will work under the direction of its staff towards its mission. I understand that my volunteer services will be terminated if I do not abide by NSHS rules, regulations, and policies. I authorize the NSHS to investigate all statements made in this application, and to do a background check.*

**Volunteer signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For applicants who are 18 years or younger:**

I give my permission for \_\_\_\_\_ to volunteer with the Nebraska State Historical Society, accepting all NSHS rules, regulations, and policies.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have questions contact Joan Clare at 471-4779 or [joan.clare@nebraska.gov](mailto:joan.clare@nebraska.gov)**

**THANK YOU!                      THANK YOU!                      THANK YOU!                      THANK YOU!**

## FOR NSHS OFFICE USE

Contacted	References Ckd.	Interviewed	Placed	Evaluated	Departed
Placement	Division	Supervisor	Description of Duties		