

LA HISTORIA HISTORICAL SOCIETY MUSEUM (LHSM) STUDENT VOLUNTEER APPLICATION

Name

School Name

Phone and/or e-mail address

SKILLS & EXPERIENCE

List any special skills, interests, or hobbies which may be applicable to a volunteer position at LHSM:

-
-
-
-
-
-

List any groups, clubs, and/or organizational memberships (include any official titles held, If applicable):

-
-
-
-
-
-

Please describe any prior volunteer experience (include organization names and dates of service):

Have you acquired any exceptional experience that may prepare you to work as a volunteer at LHSM?:

Why do you want to volunteer? What do you want to gain from this volunteer experience?

**PLEASE CONTINUE TO PAGE TWO TO COMPLETE THE VOLUNTEER APPLICATION FORM . . .
REFERENCES**

Please list three people who know you well and can provide insight to your character, skills, and dependability (include your current or last employer, if applicable).

Name (and organization, if applicable)	Relationship to you	Length of relationship	Phone number or e-mail address

CAREFULLY READ & SIGN THE FOLLOWING BEFORE SUBMITTING THIS APPLICATION:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with La Historia Historical Society Museum that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by La Historia Historical Society Museum.

I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with La Historia Historical Society Museum or my termination as a volunteer.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN (if applicant is a dependent minor)
DATE _____