



# VOLUNTEER APPLICATION

## CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home  
phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Birth date (Month and Date): \_\_\_\_\_

MCHS utilizes an online "Volunteer Only" portal on our website for Volunteer training information, sign-up opportunities, and updates. Please provide your email address to be invited to the Volunteer portal:

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

Do you prefer to be contacted via email or phone? \_\_\_\_\_

## VOLUNTEER INFORMATION

What special training or skills do you possess that you are willing to share at the Manitowoc County Historical Society?

What are some of your interests and hobbies? \_\_\_\_\_

What interests you about volunteering at the Manitowoc County Historical Society? \_\_\_\_\_

Please list two emergency contact persons

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*Volunteers under 16 must be accompanied by a parent or guardian.*

When are you available to volunteer? Weekdays (Best days of the week: \_\_\_\_\_) Weekends

Number of hours per week requested \_\_\_\_\_ Best times \_\_\_\_\_

Are you volunteering for community service hours? \_\_\_\_\_

## REFERENCES

Volunteer Experience: (List most recent service positions)

Position: _____	Position: _____
Agency: _____	Agency: _____
Date: _____	Date: _____
Contact Name: _____	Contact Name: _____
Phone Number: _____	Phone Number: _____

List two people other than relatives who would be willing to serve as personal references.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

*Continue the volunteer application on the next page.*

## **PLEASE CHECK YOUR AREA OF INTEREST**

*\*Training is provided for roles.*

*\*\*Uniforms and/or period clothing are provided if needed for various roles.*

### **Education\* \*\***

- ☐ Costumed Building Interpreter – Encourage and support guests in connecting to history in new and hands-on ways in our historic structures. Please note if you have area(s)/building of interest.
- ☐ Youth Experience Leader – Assist as an interpreter with youth group tours and camps in sharing the stories of our Village residents and completing a themed activity. Please note if you have area(s)/building of interest.
- ☐ Create-Connect Workshop Host – Do you have a skill that you'd be willing to share as part of a workshop: quilting, spinning, woodworking, etc Skill: \_\_\_\_\_
- ☐ Off-site outreach programs
- ☐ Preschool literacy and learning programs
- ☐ Adult education programs (nursing homes, assisted living, special needs, SPARK!)

### **Building and Grounds**

- ☐ General Repairs – Help with general repairs, and other projects.
- ☐ Painting – Assist in the upkeep of our buildings and grounds.
- ☐ Grounds keeping – Assist with trees, brush, and general grounds keeping.
- ☐ Heirloom Gardens – Assist in the upkeep of community heirloom gardens.
- ☐ Snow Removal
- ☐ General cleaning

### **Research and Collections**

- ☐ Answer research requests and seek information for MCHS projects/exhibits
- ☐ Artifact data entry (basic computer /scanning skills needed – training provided)

### **Visitor Services\***

- ☐ Office Assistance- Help coordinate membership mailing and data entry, stock shelves, inventory and other projects. Minimal computer skills are helpful.
- ☐ Front Desk - Greet visitors at the Welcome Center, answer phones, and operate museum admissions and Museum Store retail transactions.
- ☐ Concessions - Help with food sales during special programs.
- ☐ Tram Driver – Drive our tram carts through the grounds for visitors needing assistance.
- ☐ Rental Host – Assist with rentals and weddings with greeting and directions.
- ☐ Baker – Prepare baked goods for programs.
- ☐ Music – Share your musical talents during a special program.  
Please specify style of music: \_\_\_\_\_

## **VOLUNTEER AGREEMENT**

- I understand that the policies, rules, and benefits described in the Volunteer Handbook are subject to change at the sole discretion of MCHS at any time.
- I further understand that my volunteering is terminable at will, either by the Board of Directors and Staff at MCHS, or myself regardless of the length of my volunteering. A background check and reference check will be completed.
- I am aware that during the course of my volunteering, confidential information may be made available to me. I understand that confidential information must not be released within or outside of MCHS.
- I expressly accept and assume all of the risks inherent in these volunteer activities. My participation is purely voluntary and I elect to participate despite the known and unanticipated risks. I understand that MCHS has taken steps to mitigate these risks but such risks simply cannot be entirely eliminated. I further understand that I am not covered under workers compensation or any other employee insurance policies of MCHS as a volunteer, and verify by my signature below that I have personal insurance or resources to cover any such injuries that may occur while a volunteer.

Date \_\_\_\_\_

Print Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Signature of Parent or Guardian if volunteer is a minor \_\_\_\_\_