



**WEEKSVILLE**  
HERITAGE CENTER

**VOLUNTEER APPLICATION FORM** (email completed form to info@weeksvillesociety.org)

**Applicant Information**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Available Start Date:** \_\_\_\_\_

**Work Experience**

List most recent job: Name of company, job title, job tasks, supervisor's name, length of service and paid or volunteer.

**How did you learn about the WHC?**

Newspaper \_\_\_\_ Community Agency \_\_\_\_  
Word of mouth \_\_\_\_ Visiting the center \_\_\_\_  
School \_\_\_\_ Other (Specify) \_\_\_\_\_

**Availability**

List specific days and hours that you would be available to volunteer at WHC

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Saturday \_\_\_\_\_ Special Events Friday/Sunday \_\_\_\_\_

**References**

**Name/Relationship/Phone#**  
1) \_\_\_\_\_  
2) \_\_\_\_\_

Weeksville Heritage Center does not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.

## Skills & Talent

### Communication

- ✓ \_\_\_\_\_ Computer Knowledge
- ✓ \_\_\_\_\_ Graphics
- ✓ \_\_\_\_\_ Researching/Gathering Information
- ✓ \_\_\_\_\_ Foreign Language: \_\_\_\_\_

### Educational Financial

- ✓ \_\_\_\_\_ Visual Arts \_\_\_\_\_ Bookkeeping
- ✓ \_\_\_\_\_ Performing Arts \_\_\_\_\_ Accounting
- ✓ \_\_\_\_\_ Counseling \_\_\_\_\_ Working with figures
- ✓ \_\_\_\_\_ Assisting Children/Teens/Seniors \_\_\_\_\_ Working with money

### Special Events Planning Development

- ✓ \_\_\_\_\_ Fund Raising \_\_\_\_\_ Grant Research
- ✓ \_\_\_\_\_ Budgeting \_\_\_\_\_ Grant Writing
- ✓ \_\_\_\_\_ Scheduling

### Public Relations

- ✓ \_\_\_\_\_ Advertising/Marketing
- ✓ \_\_\_\_\_ Working with the Media/Public
- ✓ \_\_\_\_\_ Public Speaking
- ✓ \_\_\_\_\_ Telephone Manner
- ✓ \_\_\_\_\_ Typing
- ✓ \_\_\_\_\_ Writing

### Working Style Details Oriented

- ✓ \_\_\_\_\_ Work Independently \_\_\_\_\_ Being Thorough
- ✓ \_\_\_\_\_ Work as a team \_\_\_\_\_ Being Accurate
- ✓ \_\_\_\_\_ Require Supervision \_\_\_\_\_ Editing
- ✓ \_\_\_\_\_ Proofreading
- ✓ \_\_\_\_\_ Keeping Records
- ✓ \_\_\_\_\_ Filing
- ✓ OTHER SKILLS: \_\_\_\_\_

### LIST AREA OF INTEREST:

- ✓ \_\_\_\_\_ Work with Children/Teens
- ✓ \_\_\_\_\_ Administrative Support
- ✓ \_\_\_\_\_ Education
- ✓ \_\_\_\_\_ Performing Arts
- ✓ \_\_\_\_\_ Public Relations
- ✓ \_\_\_\_\_ Development/Membership
- ✓ \_\_\_\_\_ Giving Guided Tours of Historic Houses
- ✓ \_\_\_\_\_ Maintenance
- ✓ \_\_\_\_\_ Work Senior Citizens
- ✓ \_\_\_\_\_ Distribute flyers and brochures to public
- ✓ \_\_\_\_\_ Host/Hostess for openings and performances
- ✓ \_\_\_\_\_ Assist with Special Events

## In Case of Emergency, Please Notify:

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

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Disclaimers and Consent

### Release from Liability

I, \_\_\_\_\_, acknowledge and agree that as a volunteer for Weeksville Heritage Center, I will not receive any monetary compensation for myself, or any other form of remuneration from Weeksville Heritage Center. I agree to hold harmless and hereby indemnify Weeksville Heritage Center, if through the course of my volunteer work I am injured, become ill and/or require medical treatment. I hereby waive any claim, know or unknown, against Weeksville Heritage Center, its officers, directors and/or employees resulting from such circumstances.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Date

Signature

### Statement of Understanding and Consent

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a Weeksville Heritage Center volunteer, I understand my obligation to fulfill my volunteer responsibilities to the best of my ability. I acknowledge and agree that in the case of extenuating circumstances, I am not obligated to serve as a Weeksville Heritage Center volunteer.

I further agree to accept the supervision of the appropriate individual(s) at my assigned volunteer placement and to discontinue my service if I am requested to do so by the organization.

I understand once I am assigned to a volunteer placement I will be required to maintain contact with Weeksville Heritage Center's Director of Volunteer Programs or Volunteer Coordinator for the purpose of monitoring and assessing the client/volunteer relationship.

Weeksville Heritage Center will contact my references and may conduct a background check. Weeksville Heritage Center reserves the right to reject a candidate for any reason that the agency, in its sole judgment, determines will or may affect either the best interests of Weeksville Heritage Center. Furthermore, Weeksville Heritage Center reserves the right to withhold the reason(s) for such a refusal.

I have read and understand the above and my signature consent to these statements.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

#### For office use only:

Orientation date \_\_\_\_\_ Reference checks completed \_\_\_\_\_

Referred By \_\_\_\_\_ Start date \_\_\_\_\_

Volunteer Job(s) \_\_\_\_\_

Notes: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

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