



Historical Society of Long Beach

Volunteer Application Form

Date _____

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____ Cell Phone _____
 Male Female Birth date (optional) _____ Email _____

EMERGENCY CONTACT

Name _____ Relationship _____
Phone _____

EMPLOYMENT

Current Employer _____ Position _____
Past Employer _____ Position _____

EDUCATION

Highest Level Completed _____
Field of Study _____
Special Training _____
Are you currently attending school? Yes No Name of school _____

ADDITIONAL INFORMATION

How did you learn about the Historical Society of Long Beach's Volunteer Programs?

HSLB Newsletter Newspaper Flier
 HSLB Volunteer/Staff Radio Other _____

Are you a member of the Historical Society of Long Beach? Yes No Have you ever done volunteer work? If yes, where? _____
What type _____

Do you have your own transportation? Yes No

Are you willing to participate in projects that require the use of your personal transportation offsite? Yes No

Do you have any limitations we should consider as we select a volunteer position for you? If yes, please help us by telling us what specific requirements we can provide. _____

PLACEMENT INFORMATION

Why do you wish to work for the Historical Society of Long Beach? _____

What are your areas of interest? _____

If you are applying for a particular Society program, please specify: _____

Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> With adults | <input type="checkbox"/> Office services | <input type="checkbox"/> Museum/Gallery |
| <input type="checkbox"/> With children | <input type="checkbox"/> Archive/Collections | <input type="checkbox"/> General |
| <input type="checkbox"/> Special projects | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Other |

How much time can you give?

- | | |
|--|---|
| <input type="checkbox"/> More than one time per week | <input type="checkbox"/> One time per week |
| <input type="checkbox"/> Every other week | <input type="checkbox"/> On call/substitute |
| <input type="checkbox"/> One time per month | |
| <input type="checkbox"/> Other (specify) _____ | |

When are you available?

Day	Morning	Afternoon	Evening Hours
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

REFERENCES

Name _____ Relationship _____

Phone _____ Email _____

Name _____ Relationship _____

Phone _____ Email _____

By signing below, I give my permission to check the references I have listed.

Signature _____ Date _____

VOLUNTEER INTEREST AND SKILL ANALYSIS

Please check your skills, hobbies, and interests

Support Services

- Collating
- Data Entry
- Photocopying
- Receptionist
- Interpret - Sign
- Interpret - Foreign Language

Specify _____

- Word Processing
- Staff/Volunteer Training
- Word Processing
- Mailings

Arts/Crafts/Skilled Trades

- Decorations
- Traditional Crafts
- Poster/Sign Making
- Painter
- Carpentry
- Handy Man

Public Relations/Special Events

- Logistics Coordinator
- Event Manager
- Logistics Coordinator
- Actor/Actress
- Promotion/Marketing

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Technical

- Photography
- Carpentry
- Videotape/Indexing
- Electronics
- Computer
- Instruction

Education & Outreach

- School Tours
- Adult Tours
- Special Programs
- Historical Presentations
- Display
- Curriculum
- Teaching

Historical Cemetery Tour

- Team Leader
- Promotion/Marketing
- Logistics Coordinator
- Actor/Actress
- Tour Guide

Historical Research

- Cataloging Collections
- Acquiring Collections for HSLB
- Genealogy
- Research Assistance

Other
