

VOLUNTEER APPLICATION

Name:						
Address:						
City/State/Zi	p:					
Home Phone	:		Wor	k/Cell Phon	e:	
E-mail:						
Are you curr	ently a Sacra	mento City/C	County e	mployee?	□ YES	□ NO
Employment	and Professi	onal Experie	nce:			
Education:						
Availability:						
	\square M \square	$T \Box W$	□ТН	\Box F		
	☐ Mornings	s □ Afterr	noons	□ Evenings		
Desired Leng	gth of Assigni	nent:				
	□ 3 months	□ 6 mon	ths	☐ 6-12 mont	hs	
	□ 12 month	s or more	□ Othe	er		

•	•	in volunteering at CSH, and what are your goals during (e.g., to gain experience, to learn a new skill, etc.):
	kills, training,	
	·	possess and projects that meet your Interests:
(Please c	heck all that app	oly)
<u>Skill</u>	<u>Interest</u>	Volunteer Assignment
		Inventory Project – Archival processing
		Inventory Project – Artifact cataloging
		Data entry
		Archival processing and cataloging
		Historical research
		Museum curatorial/collections processing
		Curriculum development and planning
		Digital photography and scanning
		Exhibit fabrication and construction
		Graphic design and web site development
		Marketing
		On-call for special events
Other ne	ertinent inform	ation or comments you might wish to add (e.g., other

Other pertinent information or comments you might wish to add (e.g., other volunteer activities you take part in, other interests, etc.):

	e list the names of two marviduals	, not relatives, who we may contact as a reference
Name	:	Telephone:
	Relationship:	
Name	:	Telephone:
	Relationship:	
Have	you ever been convicted of a cri	ime? YES NO
convict youth o	tion committed prior to your 18 th birthda offender law; c) Any incident sealed und in 1203.45; d) Any marijuana convictio	Under the Influence convictions <u>must</u> be reported); b) Any which was finally adjudicated in Juvenile Court or under er Welfare and Institutions Code Section 781 or Penal Coden, more than two (2) years old, described in Labor Coden
If yes,	please explain and give disposition	on:
Louth	oriza investigation of all statemen	to contained in this application and any supporting
docun City o	nents and I understand that a back of Sacramento and its non-profit p	ts contained in this application and any supporting kground check may be conducted. I authorize the artners to secure information from the references om any liability arising from such investigation.
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City o have p Signa Please accept	nents and I understand that a back of Sacramento and its non-profit porovided, and release all parties from ture of Applicant:	kground check may be conducted. I authorize the artners to secure information from the references om any liability arising from such investigation. Date:

References:

Updated: April 2017