

**FOR EMPLOYEE USE ONLY**

Application Received \_\_\_\_\_

Background Check \_\_\_\_\_

Interview \_\_\_\_\_

References \_\_\_\_\_

Training \_\_\_\_\_



**Mission**

*The mission of the Lake Jackson Historical Association is to provide education relative to the history and culture of an area of Brazoria County which is known as Lake Jackson through collection, preservation and interpretation of historical materials.*

**VOLUNTEER APPLICATION**

**PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (     ) \_\_\_\_\_ CELL PHONE(     ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY PHONE # (     ) \_\_\_\_\_ ALTERNATE # (     ) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

DO YOU HAVE ANY HEALTH OR PHYSICAL LIMITATIONS THAT COULD AFFECT YOUR VOLUNTEER ASSIGNMENT? \_\_\_\_\_ YES or \_\_\_\_\_ NO. IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

**SKILLS AND INTERESTS**

PLEASE LIST ANY INTERESTS OR HOBBIES YOU HAVE:

\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED OR IN SCHOOL? IF SO WHERE? \_\_\_\_\_

PLEASE NAME ANY ORGANIZATIONS YOU BELONG TO:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

PLEASE LIST TWO REFERENCES (NOT RELATED TO YOU) WHOM WE MAY CONTACT

NAME \_\_\_\_\_ PHONE # (     ) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # (     ) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM?**

- Website
- Volunteer Match
- Newspaper
- Marquee
- From a Volunteer
- Other (Please Specify)\_\_\_\_\_

DO YOU NEED DOCUMENTATION OF YOUR VOLUNTEER HOURS FROM LJHM?\_\_\_\_\_

**AREAS OF INTEREST (please check any volunteer opportunity that interests you):**

- Museum Greeter/Gift Shop
- Collections/Exhibits
- Special Programs
- Docent/Tours
- Computer Technician
- Alden Dow Museum
- Special Projects
- Photographer
- Plantation Site

**AVAILABILITY (please circle)**

**Museum:** M T W TH F SAT SUN 10am-1pm 1-4pm Other:\_\_\_\_\_

**Alden Dow Office:** *1st and 3rd SATURDAY ONLY* 10am-1pm 1-4pm

**Plantation Site:** *1st SATURDAY ONLY* 10am-Noon 12-2pm 2-4pm 4pm-DUSK

**NON-DISCLOSURE AGREEMENT**

During the course of my volunteer status with the Lake Jackson Historical Association, I acknowledge that I may come in contact with various types of confidential information. During and after the term of my volunteer status, I will not use, disclose or transfer any confidential information, either internally with LJHA or externally except as directed to do so by LJHA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTO AND PERFORMANCE RELEASE**

I hereby grant the Lake Jackson Historical Association permission to publish images and/or videos of me in publications created and/or used by the LJHA. I further understand that LJHA assumes no liability or responsibility whatsoever concerning any consequences of such use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SIGNATURE AND VERIFICATION**

I hereby certify that all statements made in this application are complete and true to the best of my knowledge. I understand as a condition of volunteering for the Lake Jackson Historical Association that my references will be verified and a background check performed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date