



Alabama DEPARTMENT OF
ARCHIVES & HISTORY

Volunteer Application

Date: _____

PERSONAL INFORMATION

Name (first and last):

I prefer to be called:

Date of birth:

Street address:

City:

State and ZIP code:

Phone number (home):

Phone number (cell):

Email address:

How did you learn of our program?

EMERGENCY INFORMATION

Contact name:

Contact number:

Relationship:

Contact name:

Contact number:

Relationship:

AVAILABILITY

When are you available to volunteer? (Check all that apply.)

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM	Saturday AM*
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM	Saturday PM*

* NOTE: Saturday roles are limited

How many times a week would you like to volunteer? _____

Number of hours per day: _____

Areas of interest (check all that apply):

Education	Meet the Public	Behind the Scenes
Museum Guide Children’s Gallery	Front Desk Reception Museum Store Research Reception Public Programs	Digitization Curatorial Archival Collections

EXPERIENCE

What goals do you wish to achieve from your volunteer service with the Archives?

Education experience (check highest level attained): High school ___ College ___ Graduate school ___

List any education and/or work experience you have had that you feel would help you as an Archives volunteer.

What else would you like us to know about you? (Hobbies, extracurricular activities, etc.)

Please complete this form and email to Mary Amelia Taylor at maryamelia.taylor@archives.alabama.gov or mail to Alabama Department of Archives and History, ATTN: Mary Amelia Taylor, P.O. Box 300100, Montgomery, Alabama, 36130.