

**Otter Tail County Historical Society
Volunteer Application**

Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
_____ **Cell Phone:** _____
_____ **Birth Date:** _____
E-mail: _____ (no year needed)
Education or Special Training: _____

Previous Work Experience: _____

Personal Reference: _____ **Phone:** _____
Address: _____

Name and address of person to contact in case of illness on duty:

Relationship: _____ **Phone:** _____

Any medical concerns or medication? _____

Volunteer Interest:

| | |
|---------------------|--------------------------------------|
| Front Desk | Virtual Volunteer – data entry |
| Research/Archives | Tour Guide |
| Special Events | Mailing Committee |
| Gallery Maintenance | History Interpreter – Discovery Room |
| Office Assistance | <i>The Record</i> Article Writer |
| Board Member | Program Presenter |

Days/Hours preferred: _____ **Starting Date:** _____

How did you hear about us? _____

Are you a member of the Otter Tail County Historical Society? Yes No
If no, are you willing and/or able to support the historical society with an annual membership?
Yes No.

Membership enables you to keep up to date with what is happening at the historical society through our newsletter, other mailings and e-mails.

I acknowledge that the position for which I am applying is on a voluntary basis thereby releasing the Otter Tail County Historical Society from any claim for financial reimbursement now or in the future for the hours volunteered or the work done in this or any other capacity for the Otter Tail County Historical Society. I will not use this position for personal gain or to benefit another at the expense of the Otter Tail County Historical Society, its mission, its reputation, and the society it serves. I will not use the museum's property, materials, or supplies for anything other than museum business or engage in any outside activity that might result in a conflict of interest – actual, potential, or perceived.

Signature _____ **Date** _____

Return this form to the person who handed it to you, e-mail a copy to Kathy M.L. Evavold, Virtual Volunteer Program Director, at kevavold@otchs.org or click this submit button:

Submit

Office use only:

| | | |
|----------------------|-----------------------|-------------------------|
| Area Assigned | Interview/Date | Orientation/Date |
|----------------------|-----------------------|-------------------------|