

DATE: _____



WEST DES MOINES
HISTORICAL SOCIETY
Preserving the past for the future.

Volunteer Application

Name: _____

Home address _____

City: _____ State: _____ Zip: _____

Day phone : _____ Cell: _____

Email: _____ **please contact me via:** phone email

Interests: (check all that apply)

- Tour guide/docent
- Special event volunteer
(planning committee and/or day-of)
- Office/clerical/administrative
- Facility Maintenance (indoor and outdoor)
- Other: _____

Skills:

- Basic Office programs
- Other software: _____
- Carpentry, landscaping
- Other: _____

Why do you want to volunteer? What do you want to gain from this volunteer experience?

Do you have any previous volunteer experience? Please describe:

DATE: _____

At present, we offer Open House tours at the Jordan House every Friday at 11am & 4pm, and the first Sunday of each month at 1pm & 2pm. In addition, we offer reserved tours (school groups and private) at both properties on different times and days.

Special events will be held after business hours and/or on weekends.

Your availability: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred time available: _____

Are you able to lift 30 lbs? Yes No

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number

EMPLOYMENT

Current Employer, if applicable:

Position/Title _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the West Des Moines Historical Society that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by WDMHS. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with WDMHS or my termination as a volunteer.

Signature _____ Date _____