



**OHIO HISTORICAL SOCIETY
APPLICATION FOR
VOLUNTEER PROGRAM**

**Return to: Mary Cannon
Ohio Historical Society
1982 Velma Avenue
Columbus, OH 43211
614-297-2293 - Fax
614-297-2392
mcannon@ohiohistory.org**

Dear Prospective Participant:

Thank you for your interest in the Ohio Historical Society Volunteer Program. Please complete the application and return it to Mary Cannon, OHS Lead Volunteer Coordinator, at the contact information listed above by mail, email, or fax.

A few things for your attention:

- Note that the application is two sided and be sure to sign (by hand or electronically) the second page of the application.
- Include your area(s) of interest in volunteering (department, activity, or subject).
- Depending on the volunteer position, you may be required to complete a background check as part of the application process. This is can occur at OHS and is no cost to you.

Upon receipt of your application, you will be contacted to have a brief 10-15 minute phone conversation to discuss your interests and to see if OHS is a good fit with available opportunities. All volunteers that are successful candidates are asked to attend a 1.5-hour organizational orientation. As well, you may be asked to meet and/or have a conversation with a department supervisor. Additional activity, event, or exhibit training is provided dependant upon the position placed.

Volunteers play a critical role in the Society and we hope you can be a member of our invaluable team!

Sincerely,

Mary Cannon



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DATE OF APPLICATION:			
NAME:	Last:	First:	Middle:
ADDRESS CITY:			Zip:
PHONE:	Home:	Work:	
EMAIL ADDRESS:			Birth date: <i>(optional)</i>

MOST RECENT EDUCATIONAL BACKGROUND	
Name of school:	
Degree:	Years attended:

EMPLOYMENT EXPERIENCE		
1.	Employer:	Position:
	Type of work:	Year(s) employed:
2.	Employer:	Position:
	Type of work:	Year(s) employed:

VOLUNTEER EXPERIENCE		
1.	Organization:	Position:
	Duties:	
2.	Organization:	Position:
	Duties:	

TIME AND DAY OF THE WEEK YOU CAN VOLUNTEER?				
MONDAY	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
TUESDAY	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
WEDNESDAY	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
THURSDAY	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
FRIDAY	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
SATURDAY	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
SUNDAY	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>

<p align="center">Area(s) interested in volunteering</p> <p align="center">*Note specific events or activities as well as skills, hobbies, and interests</p>	
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Reason(s) for Applying – Mark all that apply

History Interest	Fun	Resume Building	Future Activist
School	Community Service	Meet New People	Mandated
Gain Experience	Club Requirement	Other:	

How did you hear about OHS volunteer or internship program? Circle all that apply.

OHS Website	Counselor/Teacher	Family
OHS Staff Member	Friends	Visiting OHS
Other:		

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? YES NO
 If YES, please provide date(s) and details: _____

Answering YES to the above question does not constitute an automatic bar to placement. Factors such as date of the offense, seriousness, nature of the violation, rehabilitation and position applied for will be taken into account.

OHIO HISTORICAL SOCIETY VOLUNTEER GUIDELINES

OHS Volunteer Services Department has established the following guidelines:

1. A minimum of 60 hours per calendar year is required to maintain active volunteer status, unless excused by the volunteer coordinator. Volunteer giving less than 60 hours, without an excuse, will be dropped from the volunteer program at the end of the year. Promptness is expected of each volunteer assigned to a special duty or time.
2. If you are unable to fulfill your responsibilities, please call your staff liaison well before your appointed time.
3. Each volunteer will be required to attend training sessions set up in your area of interest or the Volunteer Services Department.
4. Volunteers may be dismissed from the volunteer program for non-fulfillment of the above requirements or for unprofessional performance.

I authorize OHS, and authorized employees, to obtain information through a criminal background check report regarding my volunteer suitability and qualification. I hereby consent to the collection of my fingerprints for the purpose of this background check. The background check may include information on felony and misdemeanor arrests and convictions.

I, _____, agree to the above requirements and take responsibility to see that they are fulfilled.

RELEASE OF LIABILITY

In consideration for the Ohio Historical Society allowing me to participate as a volunteer in its volunteer program, I hereby release the Ohio Historical Society, its officers and employees, from any claims for personal injury or property damage arising out of my participation in the program. I understand that an injury sustained by me while Worker's Compensation or Health Insurance provided by the Society will not cover participating in the volunteer program.

Volunteer's Signature

Date:

Health Information: The following information is requested in case of emergency

Health Insurance Plan or Policy:		Policy/ID No:
In case of emergency notify this individual:		Phone:

OPTIONAL INFORMATION: For grant and evaluation purposes only

Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____
Equal Opportunity Identification Group: American Indian/Alaskan Native <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other: