



## VOLUNTEER SERVICE APPLICATION FORM

### National Archives and Records Administration

#### INSTRUCTION SHEET

Thank you for your interest in becoming a volunteer at the [facility or program name]. Our volunteers play a vital role in the activities at the [name]. They supplement the staff in important ways with special talents and knowledge that might not be otherwise available.

The next step in applying to become a volunteer is to complete the attached form. Your answers to the questions will enable us to see where you might best help our program and what activities would be most fulfilling to you. Many of the questions are self-explanatory. Others might need a little explanation.

**PERSONAL INFORMATION:** Please provide a phone number at which we may reach you Monday through Friday, between [facility's business hours] to follow up on your application. You may provide an e-mail address, for that purpose, if you choose.

**WORK EXPERIENCE:** When listing your work experience, show only the last 10 years of employment. If you are retired, describe the last 10 years you worked before you retired.

**LANGUAGES:** An ability to speak and understand a foreign language most likely will be used to greet and possibly guide foreign visitors. You would not be expected to explain highly technical aspects of [facility or program name] program. Reading and translating duties might involve assisting the staff in reading and responding to foreign language correspondence or in translating documents from the holdings of the [facility or program name].

**SPECIAL SKILLS:** The information you provide will help us to identify which activities at the [facility or program name] will most interest you and where you can make the greatest contribution to our program. Please mark those activities on the list with which you have experience and indicate your level of expertise. Please add any other activities in which you have experience that you think will fit into the [facility or program name]'s program.

**AVAILABILITY:** Which days of the week and which hours on those days will you usually be available to volunteer your services? On occasions, volunteers will be needed in the evening.

**REFERENCES:** It is important that you provide the names of two individuals who can be contacted to discuss your qualifications for a volunteer position. They will be informed of the reason for the contact. Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access to our facility. For further information about this step in the application process, please contact [name and phone number of volunteer coordinator] .

Please read the Paperwork Reduction Act Burden Statement and the Privacy Act Statement that follow. The Privacy Act Statement explains the circumstances under which this information may be shared with someone other than NARA staff. Be assured that any information you provide will be held in the strictest confidence and divulged to others only in compliance with the Privacy Act and the Freedom of Information Act.

#### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be 25 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, Maryland 20740. **DO NOT SEND COMPLETED VOLUNTEER APPLICATION FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS INDICATED ON THE FRONT OF THIS FORM.**

#### PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information is authorized by 44 U.S.C. 2104. Disclosure of the information is voluntary. The information provided will be used to determine whether you will be accepted as a volunteer. Additionally, the information may be provided to an expert, consultant, or contractor of NARA to assist NARA in the performance of its duties. If some or any of the information is not provided by the applicant, the effect will be that you may not be accepted as a volunteer.



**VOLUNTEER SERVICE APPLICATION FORM**  
**[Name of NARA Organization]**

**National Archives and Records Administration**

PERSONAL INFORMATION				
Name: Mr. Mrs. Ms			Date of Birth	
Street Address		City	State	ZIP
Daytime Telephone Number		E-mail (optional)		
EDUCATION				
Level	Name and Location of Institution	Years Attended	Diploma / GED	
High School		--	Please circle: Yes   No	
College:	Name of Institution	Years Attended	Major Field of Study	Degree
Undergraduate		--		
Undergraduate		--		
Graduate		--		
WORK EXPERIENCE (Summarize your last 10 years of employment)				
Position		From -- To	Employer	
PREVIOUS VOLUNTEER EXPERIENCE				
Duties		From -- To	Organization	

**LANGUAGES**

Foreign Language	Speak and Understand		Can Read and Translate into and from	
	Fluently	Passably	Easily	Passably

Special Languages:

American Sign Language	No Ability	Some Ability	Highly Skilled	
Braille	No Ability	Some Ability	Highly Skilled	

**SPECIAL SKILLS**  
(Check all that apply. H = Highly Skilled S = Some Experience)

General			Computer		
Skill Level:	H	S	Skill Level:	H	S
Research: General			Databases		
Genealogical			Microsoft Word		
U.S. History:			Other Word Processing		
Era of Interest:			HTML		
Special Events: Planning / Staging			Excel		
Librarianship			PowerPoint		
Archives			Other (Specify)		
Teaching					
Writing / Editing					
Customer Service					
Public Outreach					
Other (Specify)					

**WHEN AVAILABLE**

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

**REFERENCES**  
(List two people who are not relatives who know about your abilities and knowledge)

Name	Name
Street Address	Street Address
City State ZIP	City State ZIP
Telephone	Telephone

Signature	Today's Date
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**SEND YOUR COMPLETED APPLICATION:**

**By Postal Mail to:**

**By FAX to:**

**By e-mail to:**

[facility or program name]

[facility fax number]

[facility e-mail]

[facility street address]

[facility city, state, zip code]

For questions about completing this form, please contact our Volunteer Coordinator at [coordinator's telephone number].