



## VOLUNTEER SERVICE APPLICATION

### 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.

Please note that you must meet the following requirements in order to be qualified as a NARA volunteer: you must be 16 years or older and meet one of the following three requirements: (1) you must be a U.S. citizen; (2) you must be a legal resident alien [possessor of a green card]; or (3) you must be a holder of a type A1 or A2 diplomatic visa. If you do not meet these requirements, we will not be able to accept your volunteer application.

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.

Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access you are provided to our facility. For further information about this step in the application process, please contact [name and telephone 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 LAST PAGE OF THIS FORM.**

#### PRIVACY ACT STATEMENT

Collection of this information is authorized by 44 U.S.C. 2104 and 44 U.S.C. 2105(d). The information you provide to NARA on this form will be used to determine if you will be accepted as a volunteer. This information may be disclosed to an expert, consultant, agent or contractor of NARA to the extent necessary for them to assist NARA in the performance of its duties or in accordance with any other "routine uses of records" listing in the Privacy Act System of Records NARA 26, "Volunteer Files." Completing this form is voluntary, but failure to provide all of the requested information will result in you not being accepted as a volunteer.



## VOLUNTEER SERVICE APPLICATION

### [Name of NARA Organization]

Please check if you have  U.S. Citizenship  a green card  an A1 or A2 diplomatic visa

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 also may provide an e-mail address for that purpose.				
Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms			Date of Birth (MM / DD / YYYY)	
Street Address, City, State, ZIP				
Preferred Telephone Number		Preferred E-mail Address		
EDUCATION				
Level	Name and Location of Institution	Years Attended (start – end)	Diploma / GED	
High School		--	Please check: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College:	Name of Institution	Years Attended	Major Field of Study	Degree
Undergraduate		--		
Undergraduate		--		
Graduate		--		
WORK EXPERIENCE				
<b>(Summarize your last 10 years of employment)</b>				
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.				
Position	From -- To	Employer		
	/ - /			
	/ - /			
	/ - /			
	/ - /			
PREVIOUS VOLUNTEER EXPERIENCE				
Duties	From -- To	Organization		
	/ - /			
	/ - /			
	/ - /			
	/ - /			

## 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 the [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].

Foreign Language(s) [Please list]	Speak and Understand		Can Read and Translate into and from	
	Fluent	Proficient	Easily	Passably
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Special Languages:</b>				
American Sign Language	<input type="checkbox"/> Highly Skilled <input type="checkbox"/> Some Ability			
Braille			<input type="checkbox"/> Highly Skilled	<input type="checkbox"/> Some Ability

## SPECIAL SKILLS

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

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.

General			Computer		
Skill Level:	H	S	Skill Level:	H	S
Research: General	<input type="checkbox"/>	<input type="checkbox"/>	Databases	<input type="checkbox"/>	<input type="checkbox"/>
Genealogical	<input type="checkbox"/>	<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>
U.S. History:	<input type="checkbox"/>	<input type="checkbox"/>	Other Word Processing	<input type="checkbox"/>	<input type="checkbox"/>
Era of Interest:			HTML	<input type="checkbox"/>	<input type="checkbox"/>
Special Events: Planning / Staging	<input type="checkbox"/>	<input type="checkbox"/>	Excel	<input type="checkbox"/>	<input type="checkbox"/>
Librarianship	<input type="checkbox"/>	<input type="checkbox"/>	PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>
Archives	<input type="checkbox"/>	<input type="checkbox"/>			
Teaching	<input type="checkbox"/>	<input type="checkbox"/>			
Writing / Editing	<input type="checkbox"/>	<input type="checkbox"/>			
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>			
Public Outreach	<input type="checkbox"/>	<input type="checkbox"/>			

## WHEN AVAILABLE

Days:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours:							

## REFERENCES

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

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.

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:**

[facility or program name]  
[facility street address]  
[facility city, state, zip code]

**By FAX to:**

[facility fax number]

**By e-mail to:**

[facility e-mail]

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

