

Lyon County Historical Society Museum Volunteer Application Form

Thank you for considering the LCHS with your generous donation of time and talent.

Volunteers are vital to the success of our institution. Please fill out this form in its entirety so that we can determine your best fit.

FULL NAME: _____ PREFERRED NAME (NICKNAME): _____

ADDRESS: _____ CITY, ST, ZIP: _____

PRIMARY PHONE: _____ EMAIL: _____

PREFERRED METHOD OF CONTACT: ☐ Phone Call ☐ Email ☐ Text Message

POSITION(S) APPLYING FOR: (Assignment based on availability)

- ☐ Oral Histories
- ☐ Exhibits Assistant (Set up/tear down, exhibit construction, exhibit projects, research)
- ☐ Collections Assistant (Process artifacts, file, storage tasks)
- ☐ Educational Assistant (Escape Room, Time Travelers, Programs)
- ☐ School Tour Guide
- ☐ Special Events
- ☐ General Volunteer (Assist where needed, as needed)

MY BEST TALENTS *OR-WHAT I LIKE TO DO*: (Mark all that apply)

- ☐ Sewing ☐ Working w/children ☐ Creative craft/art ☐ Cleaning/organizing ☐ Decorating/décor
- ☐ Physical labor/hands-on work ☐ Research ☐ Tours/speaking to groups ☐ Baking treats
- ☐ Technology support ☐ _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

WORK EXPERIENCE: _____

EDUCATION/CERTIFICATIONS: _____

AVAILABILITY: (Mark all that apply)

- ☐ 10-12 ☐ 1-3 ☐ 10-4 ☐ Evenings/special events Out of town during this part of the year: _____
- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

LIST ANY PHYSICAL LIMITATIONS: _____

EMERGENCY CONTACT INFORMATION:

NAME OF CONTACT: _____ RELATIONSHIP: _____

PRIMARY PHONE: _____ WORK PHONE: _____ SECONDARY PHONE: _____

**I give permission for the Lyon County Historical Society to use my image and/or any photographic image of me while fulfilling my duties as a museum volunteer.*

**I attest that the information hereby given by me on this application form is true and accurate to the best of my knowledge.*

Signature _____ Date _____