

Twentynine Palms Historical Society

6760 National Park Dr., PO Box 1926, Twentynine Palms, CA 92277

Phone: 760-367-1926 www.29palmshistorical.com

Volunteer Information

Thank you for your interest in the Twentynine Palms Historical Society's volunteer program. To help us find a volunteer opportunity that suits your interests and skills, please take a moment to complete this form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: *home:* _____ *office / cell / other:* _____

E-mail address: _____

Birthday: _____ Education: _____

Employment experience: _____

Volunteer experience: _____

Is verification of your volunteer hours required? Yes No

If yes, with which organization and why? _____

Have you ever been convicted of a violation of law other than a minor traffic violation? Yes No

If yes, please explain: _____

(A conviction will not necessarily disqualify you from volunteering)

Emergency contact person: _____

Emergency contact person's phone number: *home:* _____ *work/ /cell / other:* _____

How did you learn about our volunteer program?

Society staff/volunteer Newspaper Society newsletter

Flier TV or Radio Other please describe _____

Special skills or hobbies: _____

What would you like to gain by volunteering? _____

In what area(s) would you like to volunteer? _____

CHECK ALL THAT APPLY:

I prefer Working with the public Yes No

Working with children Yes No

Working with adults Yes No

Working on an individual project Yes No

I have Computer skills Yes No

Keyboarding (typing) skills Yes No

Please indicate the days and times you are available to volunteer.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

Volunteer Agreement

I agree to donate my services to the Twentynine Palms Historical Society (29PHS), and understand that I will not be paid. I understand that the 29PHS may take photographs of me for publications or other uses. I agree to abide by 29PHS rules, regulations, and policies, and will work under the direction of its staff toward its mission. I understand that my volunteer services will be terminated if I do not abide by 29PHS rules and policies.

Volunteer signature: _____ Date: _____

For applicants who are 18 years or younger:

I give my permission for _____ to volunteer with the Twentynine Palms Historical Society, accepting all 29PHS rules and policies.

Parent/guardian signature: _____ Date: _____

For Society Office Use

Contacted	Interviewed	Placed	Evaluated	Departed