

Historical Records Theft: Strategies for Prevention and Response

The content of this form has been developed to be **comprehensive**, but **not all information will apply to your organization**. Please **review and modify** the structure and content to best meet the needs of your unique organization. It should represent your specific policies and procedures.

PLEASANT COUNTY HISTORICAL SOCIETY VOLUNTEER / INTERN SERVICE APPLICATION FORM

Applicant Information			
Last Name	First	M.I.	Date of Birth
Street Address		Apartment/Unit #	
City	State	ZIP	
Daytime Phone	E-mail Address		

Education				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Undergraduate College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Additional Undergraduate		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Graduate		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Additional Graduate		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

WORK EXPERIENCE		
Position	From – To	Employer

VOLUNTEER EXPERIENCE		
Duties	From – To	Organization

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		
Area of Interest:			HTML		
Special Events: Planning / Staging			Excel		
Librarianship			PowerPoint		
Archives			Other (Specify)		
Teaching					
Writing / Editing					
Customer Service					
Public Outreach					

HOBBIES

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AVAILABILITY

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

REFERENCES

Please list three people who are not relatives who know about your abilities and knowledge	
1) Full Name	Relationship
Company	Phone ()
Address	Email
2) Full Name	Relationship
Company	Phone ()
Address	Email
3) Full Name	Relationship
Company	Phone ()
Address	Email

Applicant's Signature and Today's Date	Recommended by	Approved by
_____	_____	_____

SEND YOUR COMPLETED APPLICATION:

By Postal Mail to:	By FAX to:	By e-mail to:

For questions completing this form, please contact our Internship Coordinator at 123-456-7890