

Alabama Department of Archives and History
Junior Volunteer Application Packet

For Office Use Only:
Medical Release _____
Name Tag _____
Volunteer Contract _____
Assignment _____
T-Shirt _____

Personal Information

Name (First and Last):	
I prefer to be called:	Date of Birth:
Street Address:	City:
	State and Zip Code:
Phone number (home):	Phone number (cell):
Email address (and parents address if they would like to receive updates):	

How did you learn of our program? _____

Emergency Information

Contact name: _____

Contact number: _____

Relationship: _____

Contact name: _____

Contact number: _____

Relationship: _____

Availability

When are you available to volunteer? (Check all that apply)

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM

How many times a week would you like to volunteer? _____

Number of hours per day: _____

Will you be able to volunteer during the summer? _____

Will you be able to volunteer on Saturdays during the school year? _____

Areas of interest: (Check all that apply)

Hands-On Gallery	Special Projects
Gift Shop	Clerical/Computer Projects

Educational Information

School name: _____ Grade: _____

Are you completing required community service hours? _____ If so, how many? _____

Please answer the following question: (Don't worry! There are no right or wrong answers.)

What are three goals do you wish to achieve from your volunteer service with the Archives?

What knowledge, skills, and/or past experience do you have that will make you a positive role model?

What else would you like us to know about you? (hobbies, extracurricular activities, etc.)