Kansas Historical Society

VOLUNTEER APPLICATION

Kansas Historical Society

VOLUNTEER INFORMATION

Full Name:	
Address:	
Email:	**Phone:**
Date of Birth:	

PLACEMENT PREFERENCES

I am interested in...

- ☐ Archeology
- ☐ Archives
- ☐ Museum
- ☐ Special Projects
- ☐ State Capitol

I prefer to work...

- ☐ with children
- ☐ with the public
- ☐ with adults
- ☐ with technology
- ☐ on individual projects

I would like to volunteer...

- ☐ weekly
- ☐ monthly
- ☐ quarterly
- ☐ events exclusively

AVAILABILITY

- ☐ Sunday
- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday
- ☐ Morning
- ☐ Afternoon

EMERGENCY CONTACT

Full Name:
Phone Number:
Address:

CHARACTER REFERENCE

Name:	
Position/Title:	
Email:	**Phone Number:**

GETTING TO KNOW YOU

1 Have you previously served as a volunteer? If so, list some experiences here!	
2 Why would you like to be a part of the volunteer team at the Kansas Museum of History?	
3 Is there anything important for us to know that could impact your volunteer experience?	

APPLICANT'S CONSENT

I approve that the above information has been completed accurately to the best of my knowledge.

applicant's signature *today's date*

Return Completed form to Noelle Boyd, Visitor Experience Coordinator
noelle.boyd@ks.gov | (785) 272-8681, ext. 414

Kansas Historical Society | 6425 SW 6th Ave | Topeka, KS 66615