



**OHIO HISTORICAL SOCIETY  
APPLICATION FOR VOLUNTEER PROGRAM**

**Return to: Mary Cannon  
Ohio Historical Society  
1982 Velma Avenue  
Columbus, OH 43211  
614-297-2293 - Fax  
614-297-2392  
mcannon@ohiohistory.org**

Dear Prospective Volunteer:

Thank you for your interest in the Ohio Historical Society Volunteer Program. Please complete the volunteer application and return it to Mary Cannon, OHS Lead Volunteer Coordinator, at the contact information listed above by mail, email, or fax.

A few things for your attention:

- Note that the application is two sided and be sure to sign (by hand or electronically) the second page of the application.
- Include your area(s) of interest in volunteering (department, activity, or subject).
- You may be asked to provide a reference that is not of relation.

Upon receipt of your application, you will be contacted to have a brief 10-15 minute phone conversation to discuss your interests and to see if OHS is a good fit with available opportunities. All volunteers that are successful candidates are asked to attend a 1.5-hour organizational orientation. As well, you may be asked to meet and/or have a conversation with a department supervisor. Additional activity, event, or exhibit training is provided dependant upon the position placed.

Volunteers play a critical role in the Society and we hope you can be a member of our invaluable team!

Sincerely,

Mary Cannon



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<b>DATE OF APPLICATION:</b>			
<b>NAME:</b>	Last:	First:	Middle:
<b>ADDRESS AND CITY:</b>			Zip:
<b>PHONE:</b>	Home:	Work:	
<b>EMAIL ADDRESS:</b>			Birth date: <i>(optional)</i>

<b>EDUCATIONAL BACKGROUND</b>	
Name of school:	Last year of school:
Degree:	Years attended:

<b>EMPLOYMENT EXPERIENCE</b>	
1. Employer:	Position:
Type of work:	Year employed:
2. Employer:	Position:
Type of work:	Year employed:

<b>VOLUNTEER EXPERIENCE</b>	
1. Organization:	Position:
Duties:	
2. Organization:	Position:
Duties:	

<b>TIME AND DAY OF THE WEEK YOU CAN VOLUNTEER?</b>				
<b>MONDAY</b>	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
<b>TUESDAY</b>	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
<b>WEDNESDAY</b>	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
<b>THURSDAY</b>	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
<b>FRIDAY</b>	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
<b>SATURDAY</b>	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>
<b>SUNDAY</b>	Morning: <input type="checkbox"/>	Afternoon: <input type="checkbox"/>	Evening: <input type="checkbox"/>	All day: <input type="checkbox"/>

<p align="center"><b>Area(s) interested in volunteering</b></p> <p><b>*Note specific events or activities as well as skills, hobbies, and interests</b></p>	
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**Reason for Volunteering – Mark all that apply**

History Interest	Fun	Resume Building	Future Activist
School	Community Service	Meet New People	Mandated
Gain Experience	Club Requirement	Other:	

**How did you hear about the OHS Volunteer Program? Please circle all that apply.**

OHS Website	Counselor/Teacher	Family
OHS Staff Member	Friends	Visiting OHS
Other:		

**THE OHIO HISTORICAL SOCIETY VOLUNTEER SERVICES**

The Volunteer Services Department has established the following guidelines:

1. A minimum of 60 hours per calendar year is required to maintain active volunteer status, unless excused by the volunteer coordinator. Volunteer giving less than sixty hours, without an excuse, will be dropped from the volunteer program at the end of the year. There is also a designation for volunteering 25 hours per year as part of the Public Programming Special Events and Special Projects for those that are interested and cannot maintain the requirement of 60 hours per year.
2. Promptness is expected of each volunteer assigned to a special duty or time.
3. If you are unable to fulfill your responsibilities, please call your staff liaison well before your appointed time.
4. Each volunteer will be required to attend training sessions set up in your area of interest or the Volunteer Services Department.
5. Volunteers may be dismissed from the volunteer program for non-fulfillment of the above requirements or for unprofessional performance.

I, \_\_\_\_\_, agree to the above requirements and take responsibility to see that they are fulfilled.

**RELEASE OF LIABILITY**

In consideration for the Ohio Historical Society allowing me to participate as a volunteer in its volunteer program, I hereby release the Ohio Historical Society, its officers and employees, from any claims for personal injury or property damage arising out of my participation in the program. I understand that an injury sustained by me while participating in the volunteer program will not be covered by Worker's Compensation of Health Insurance provided by the Society.

Volunteer's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Health Information:** The following information is requested in case of emergency

Health Insurance Plan or Policy:

Policy No:

In case of emergency notify:

Name:

Phone:

Address:

***Optional Information: For grant and evaluation purposes only***

Male  Female  Marital Status: Married  Single  Divorced  Widowed  Other \_\_\_\_\_

Most Recent Position: Full-time  Part-time  Retired  Student

Equal Opportunity Identification Group: American Indian/Alaskan Native

White  Asian  Hispanic/Latino  African American

Native Hawaiian/Other Pacific Islander  Other: