



**OHIO HISTORICAL SOCIETY  
APPLICATION FOR YOUNG HISTORIAN  
VOLUNTEER PROGRAM**

Return to: Mary Cannon  
Ohio Historical Society  
1982 Velma Avenue  
Columbus, OH 43211  
614-297-2293 - Fax  
614-297-2392 -Direct  
[mcannon@ohiohistory.org](mailto:mcannon@ohiohistory.org)

Dear Prospective Young Historian Volunteer:

Thank you for your interest in the Ohio Historical Society's Young Historian Teen Volunteer Program. As an incoming volunteer you will have the opportunity to learn how to be an expert demonstrator and interpreter by assisting in the museum with activity and craft tables, leading small tours through the exhibits, answering visitor questions, or leading demonstrations. There are also opportunities to help with special events in the Ohio Village.

You must be at least 12 years old to volunteer in the museum and at least 14 to assist in the Ohio Village and other areas. Currently, the Young Historian Teen Volunteer Program is scheduled for Saturdays and Sundays from 1-4 P.M. within the museum in addition to the events at the Ohio Village and special events in the museum. *If you have different interests or availability, please make a special note of this on your application. More activities and volunteer times are to be determined for the summer months.*

Please complete and return the application to the Ohio Historical Society's Volunteer Office at the contact information above by email, mail, or fax. Be sure to sign, by hand or electronically, the second page. Bilingual volunteers are encouraged to apply.

Upon receipt of your application, we will call you for a brief telephone interview to see if OHS is a good match for your interests. If you are a successful candidate, you will be scheduled to attend an upcoming 1.5-hour volunteer orientation with additional training for activities, events, and exhibits provided. You may be asked to meet with a department supervisor prior to the orientation and training.

Thank you again for your interest in the Young Historian Teen Volunteer Program. OHS volunteers play an essential role in providing our guests with a memorable experience and we hope you can be a valuable addition to our team!

Sincerely,  
Mary Cannon  
Lead Volunteer Coordinator



# Application for Young Historian Teen Volunteer Program

## Personal Information

Last Name	First Name	Middle Initial	Today's Date
Street Address		City	Zip
Home Phone		Cell Phone	
Date of Birth		E-Mail	
Name of School or Network			Grade Level
Please list day(s) and time(s) you are available to volunteer:			

## Volunteer Experience

Name of Organization	Length of Service	Position and Description
Name of Organization	Length of Service	Position and Description

## Employment Experience

Name of Organization	Length of Service	Position and Description
Name of Organization	Length of Service	Position and Description

## Questions

What do you hope to gain from volunteering at the Ohio Historical Society?

Do you have specific skills or interests? (Bilingual, working with youth, etc.)

**Reason for Volunteering - Mark all that apply**

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

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

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

**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, without an excuse, will be dropped from the volunteer program at the end of the calendar 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.
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.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime?      YES       NO

If YES, please provide date(s) and details: \_\_\_\_\_

\_\_\_\_\_

*Answering YES to the above question does not constitute an automatic bar to placement. Factors such as date of the offense, seriousness, nature of the violation, rehabilitation and position applied for will be taken into account.*

**Signature**

As a volunteer with the Young Historian Teen Volunteer Program, I will abide by all policies, rules and regulations of the Ohio Historical Society (OHS). I further understand that my volunteer service will be at will, and that my service at the Society may be terminated with our without cause, and without notice, at any time, at the option of the Ohio Historical Society, guardian, or myself. **I authorize OHS, and authorized employees, to obtain information through a criminal background check report regarding my volunteer suitability and qualification. I hereby consent to the collection of my fingerprints for the purpose of this background check. The background check may include information on felony and misdemeanor arrests and convictions.**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize my child (or ward) to participate in the Young Historian Volunteer Program of the Ohio Historical Society and in consideration for the Ohio Historical Society's (OHS) agreement to allow my child (or ward) to participate in the program, I agree to indemnify OHS, its officers and employees, from any claims for personal injury or illness, I authorize the Society to procure emergency medical care for such child (or ward) and grant permission to the hospital or physician where such child is taken to perform such care and treatment, as they consider proper. I further understand that if accepted as a volunteer at OHS, my child's (or ward's) volunteer service will be at will, and that his/her service at the Society may be terminated with or without cause, and without notice, at any time, at the option of OHS, the student, or guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Health Insurance Plan or Policy:		Policy/ID #:
In case of emergency notify this individual:		Phone:

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

Male  Female

Equal Opportunity Identification Group: American Indian/Alaskan Native  Caucasian  Asian  Hispanic/Latino   
 African American  Native Hawaiian/Other Pacific Islander  Other: \_\_\_\_\_