



DATE: \_\_\_\_\_

# Volunteer Application

Special events are usually held after business hours and/or on weekends.

Name: \_\_\_\_\_

Home address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone : \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ **please contact me via:** phone email

**Interests: (check all that apply)**

- Board member
- Special event volunteer  
(planning committee and/or day-of)
- Office/clerical/administrative
- Facility Maintenance (indoor and outdoor)
- Other: \_\_\_\_\_

**Skills:**

- Basic Office programs
- Other software: \_\_\_\_\_
- Carpentry, landscaping
- Other: \_\_\_\_\_

**Why do you want to volunteer? What do you want to gain from this volunteer experience?**

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**Do you have any previous volunteer experience? Please describe:**

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DATE: \_\_\_\_\_

**Your availability: (circle all that apply)**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

Preferred time available: \_\_\_\_\_

Are you able to lift 30 lbs?      Yes      No

Do you have a driver's license?      No  Yes

Do you have car insurance?      No  Yes

**REFERENCES**

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of relationship	Phone number

**EMPLOYMENT**

Current Employer, if applicable:

Position/Title \_\_\_\_\_

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the West Des Moines Historical Society that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by WDMHS. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with WDMHS or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_