Volunteer Information Services Application
Oklahoma Museum of History – Oklahoma History Center

Name_____ **Date**_____
First Middle Initial Last

Address_____
City/State/Zip

Home( ) _____ **Day**( ) _____ **Email**_____

Date of Birth_____ **Male**_____ **Female**_____

Emergency Contact
Name_____ Relationship_____ Phone_____

Education

High School_____
College/University_____
Graduate School_____
Special Training_____

Current Employment_____
Volunteer experience *(past or present)*_____

Work Experience_____

Skills/Hobbies/Interests_____

Availability Weekday ☐ Weekend ☐ Evenings/Special Events ☐ ◆ M T W TH F S SUN

References—*other than family members. If applicable, include one work reference*.
Name_____ Phone( ) _____
Name_____ Phone( ) _____

Medical restrictions, allergies or requirements that may affect your volunteer work_____

Why are you interested in becoming a volunteer for the Oklahoma Museum of History?_____

How did you hear about the Oklahoma History Center Volunteer Program? *Please circle all that apply.*
Newspaper Radio TV Internet Friend Other_____

Note: participants may be photographed for education, archival, and public relations purposes for the Oklahoma Historical Society and the Volunteer Information Services Program. Your contact information may be shared with employees of the Oklahoma Historical Society or Oklahoma Museum of History as it relates to your volunteer service.

Signature_____ Date_____

Please use another sheet for additional information that does not fit on this form.