



HISTORIC
COLUMBIA

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address*	

* All volunteers are required to have an email address that they can access on a weekly basis.

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Special Events (evenings and weekends)
- Gardening
- Collections Care
- Research
- Bus Tour Guide
- Walking Tour Guide (usually evenings)
- Historic House Interpreter (weekdays and weekends)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

While volunteering my services at the Historic Columbia, I hereby consent to the use of visual images taken of me at the historic houses or any of the special events, for the purpose of advertising, promoting, recording, offering the benefits of, or teaching about the facilities or services of Historic Columbia.

I need not inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

I understand that if accepted as a volunteer at the Historic Columbia I will be provided with orientation and training necessary for safe and responsible performance, a copy of the job description for my volunteer position, and I will be expected to meet all the requirements of the description including regular attendance and adherence to all

agency policies and procedures. I will perform the specified duties to the best of my ability.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

If a volunteer is under the age of 18 a parent or guardian must sign below.

I affirm that I am the parent or guardian of the above named volunteer. I have read all the preceding information and consent to their participation.

Name (print)

Parent/ Guardian Signature

Date

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please return to:

Visitor and Interpretive Services Coordinator
Betsy Kleinfelder
Historic Columbia Foundation
1601 Richland Street
Columbia, SC 29201

Phone: 803-252-1770 Ext. 24

e-mail: bkleinfelder@historiccolumbia.org

FAX: (803) 929-7695