



POLK COUNTY HISTORICAL SOCIETY

Mailing address: PO Box 67, Monmouth, OR 97361

Phone: 503-623-6251

Email: pchsoregon@gmail.com

VOLUNTEER APPLICATION FORM

Name:	_____	Date:	_____
Address:	_____		
City:	_____	State:	_____ ZIP: _____
Home phone:	_____	Cell phone:	_____
Email:	_____		
Special health concerns:	_____		

Are you a PCHS member? ☐ Yes ☐ No

How did you hear about PCHS? _____

What type of position are you interested in?

☐ Docent program (tour guides) ☐ Collections/displays ☐ Grounds/maintenance

☐ Other: _____

Days/hours available or preferred: _____

What would you like to gain from volunteering? _____

What are your interests and skills? _____

Briefly describe your volunteering background and educational or skills training: _____

Do you speak other languages? _____

Other information you would like to share: _____

Staff use only:

Interviewed by _____ Date _____

CONFIDENTIALITY POLICY FOR PCHS VOLUNTEERS

Respecting the privacy of our visitors, donors and other volunteers is a basic value of the Polk County Historical Society. Personal or financial information is confidential and should be need to know only. Care shall be taken to limit our discussions/private documents of such information out of hearing or sight of visitors and not let in the open or inadvertently shared. Unauthorized disclosure of confidential or privileged information may lead to appropriate measures, including removal/dismissal.

I understand the above, and agree to uphold the confidentiality set forth by PCHS.

Volunteer signature

Date

CRIMINAL HISTORY DISCLOSURE

For the safety and wellbeing of our museum volunteer staff, please read the following and sign below.

- I authorize PCHS to conduct a background check and I release from all liability and hold harmless any person giving or receiving information about me relative to the investigation.
- I declare that I have never committed nor been charged or convicted of a felony or of any act of abuse, neglect, exploitation or fraud in relationship to a minor child or vulnerable adult.
- I understand that I will have an opportunity to review the criminal history as it was received and that there is a procedure available for clarification if I dispute the record. I understand this may be used to determine eligibility to serve as a volunteer with PCHS.

<hr/> Printed name	<hr/> Maiden/other names	<hr/> Date of birth
<hr/> Other addresses in last five years		
<hr/> Emergency contact	<hr/> Relationship	<hr/> Phone
<hr/> Volunteer signature		<hr/> Date
<hr/> Signature of parent <i>(if under 18 years)</i>		<hr/> Date

Staff use only:

Registration completed date: _____

Orientation date: _____

Placement date: _____ **Supervisor:** _____