



CITY OF NILES - HISTORY CENTER VOLUNTEER APPLICATION

Last Name	First Name	Middle Initial
Address	Street	City
		State
Zip		
Telephone Number(s)		
Email Address		

Have you ever been employed with or volunteered for the City of Niles? YES NO

If Yes, give date(s)

Are you at least 18 years of age? YES NO

What days of the week would you be available for assignment? Please check all that apply

- | | | | | | | |
|-------------|-------------|--------------|-------------|---------------|-------------|-------------|
| Sun AM | Mon AM | Tues AM | Wed AM | Thurs AM | Fri AM | Sat AM |
| Sun PM | Mon PM | Tues PM | Wed PM | Thurs PM | Fri PM | Sat PM |
| Sun Evening | Mon Evening | Tues Evening | Wed Evening | Thurs Evening | Fri Evening | Sat Evening |

Please indicate your area(s) of interest:

For a short description and examples of each assignment, please visit our website: www.chapinmansion.org

- | | | |
|---------------------|------------|----------------------|
| Gardens | Activities | Docent / House Tours |
| Historical Research | Work Days | Other _____ |

Special Skills / Education / Experience

Please indicate any special skills / education / experience you have

Fundraising	Photography	Marketing / Advertising	Teaching	Gardening
Library	Graphic Design	Power Hand Tools	Public Speaking	Computer
Carpentry	Historical Knowledge			
Other:	_____			

Work / Volunteer Experience

Please respond as thoroughly as possible. Attach a separate sheet if necessary

Current Position / Title	
Employer/Organization	Supervisor/Contact Person
Address	
City/State/Zip	
Phone Number	Email

Previous Position Title	
Employer/Organization	Supervisor/Contact Person
Address	
City/State/Zip	
Phone Number	Email

References

Give name and phone number of three references who are not related to you.

1
2
3

I certify that answers given herein are true and complete to the best of my knowledge. I understand that completion of this application does not guarantee that I will be assigned to volunteer work.

I hereby authorize the City of Niles to conduct a background investigation to determine my suitability for this volunteer position. The background investigation will include, but not be limited to, a credit report and a criminal history investigation. I further authorize and request that those people I have listed as references furnish the City of Niles with information about me, hereby releasing them and the City of Niles from all liability and responsibility arising from any information provided. A copy of this release is as valid as an original signature.

Signature _____	Date _____
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