

Humboldt County Historical Society Volunteer Application

Date _____

Name

Address

City

Zip Code

Home Phone

Cell Phone

May we text you?

Yes No

Email address

Emergency Contact Name

Emergency Contact Phone Number

We appreciate your willingness to volunteer to help the Humboldt County Historical Society. In order to utilize your best assets in volunteering, we would like to ask a few questions.

- Which area(s) would you like to help with?
 Assisting researchers Clerical/bookstore
 Research in the collections Events
 Accessioning & scanning
- Are you available at regular times, or do you prefer to be called on an as-needed basis?
 Regular schedule On call Both
- Please provide HCHS with two (non-family) personal references.

Name

Phone Number

Name

Phone Number

- Do you have health restrictions that would affect your ability to volunteer? Yes No
- What hours and days can you volunteer? (Work hours are 12:30-6:30 pm, Wednesday through Friday.) _____

I release and discharge the Humboldt County Historical Society (HCHS), its employees, board members, members, and other volunteers or any other person connected with the management of the HCHS and the Gross-Wells-Barnum house from any and all known damages, injuries, judgements and/or claims from any causes whatsoever that may be suffered to any volunteer, to his/her person or property, including any HCHS related activities that occur off the premises.

Print name

Signature