



Historic Prophetstown Volunteer Opportunities and Application

Date: _____

Legal Name (including middle initial): _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Please list any physical conditions, which limit your ability to perform certain assignments: _____

Name, phone number and relationship of emergency contact person:

When are you usually available to volunteer? Check all that apply:

_____ weekdays _____ evenings _____ weekends

What special skills or training do you have that you are willing to share with HP?

What are some of your interests or hobbies?

AUTHORIZATION OF BACKGROUND CHECK:

I AUTHORIZE ANY PERSON, AGENCY, PARTNERSHIP, OR CORPORATION HAVING ANY INFORMATION CONCERNING MY BACKGROUND, EDUCATIONAL RECORD, OR EMPLOYMENT RECORD TO RELEASE SUCH INFORMATION. A LIMITED CRIMINAL HISTORY CHECK WILL BE RUN ON ALL VOLUNTEER APPLICATIANTS. THIS INFORMATION IS TO BE USED FOR POSSIBLE BOLUNTEER SERVICES WITH HISTORIC PROPHETSTOWN.

APPLICANT'S DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

*We do require that all volunteers be members of the organization.