

VOLUNTEER SERVICE APPLICATION Select the facility:

Thank you for your interest in becoming a volunteer with the National Archives and Records Administration (NARA). Our volunteers play a vital role in the activities of the Archives. They supplement the staff in important ways with special talents and knowledge.

Please note that you must meet the following requirements in order to be qualified as a NARA volunteer: you must be 16 years or older and meet one of the following three requirements:

- (1) you must be a U.S. citizen;
- (2) you must be a legal resident alien [possessor of a green card]; or
- (3) you must be a holder of a type A1 or A2 diplomatic visa.

If you do not meet these requirements, we will not be able to accept your volunteer application.

The next step in applying to become a volunteer is to complete this application. Your answers to the questions will enable us to see where you might best help our programs and what activities would be most fulfilling to you.

Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access you are granted to our facility. For further information about this step in the application process, please contact the Volunteer Coordinator at the facility selected above.

PRIVACY ACT STATEMENT

Collection of this information is authorized by 44 U.S.C. 2104 and 44 U.S.C. 2105(d). The information you provide to NARA on this form will be used to determine if you will be accepted as a volunteer. This information may be disclosed to an expert, consultant, agent or contractor of NARA to the extent necessary for them to assist NARA in the performance of its duties or in accordance with any other "routine uses of records" listing in the Privacy Act System of Records NARA 26, "Volunteer Files." Completing this form is voluntary, but failure to provide all of the requested information will result in you not being accepted as a volunteer.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be 25 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (MP), 8601 Adelphi Road, College Park, Maryland 20740. DO NOT SEND COMPLETED VOLUNTEER APPLICATION FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS INDICATED ON THE TOP OF THIS FORM.



PERSONAL INFORMATION

Please provide a phone number at which we may reach you Monday through Friday, during business hours to follow up on your application. You also may provide an email address for this purpose. *required field Please check if you have: A1 or A2 Diplomatic Visa U.S. Citizenship Green Card *Name: Date of birth: *Mailing address: *State: *Zip: *City: *Email: Alternate phone number: *Cell phone number: **EDUCATION** Name Location of Institution Years Attended Level **Diploma/GED** 🗌 Yes 🗌 No *High school Years Attended Level Name Location of Institution **Field of Study** College *Undergraduate Undergraduate Undergraduate *Graduate Graduate Graduate



WORK EXPERIENCE

Summarize your last 10 year of employment. If there is a gap between when you were last employed and now (e.g. due to retirement), please list the 10 years prior to this gap.

*Position

*From/to

*Employer

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your last 10 year of volunteer experience.

*Position

*From/to

*Organization



Please check all that apply.

SPECIAL SKILLS

The following information you provide will help us to identify which activities at our facility will be of most interest to you and also support our programs through meaningful contributions.

Are you skilled in:

- □ Visitor/customer service
- □ Teaching
- □ Public speaking
- □ Writing
- □ Genealogical research
- □ Research
- □ Archival work such as holdings maintenance, processing, or description
- $\hfill\square$ Using the computer for data entry, presentations, digitization

Identify subject area(s) in our holdings of personal or historic interest to you, if appropriate. Please list other volunteer-related skills.



LANGUAGES

An ability to speak and understand a foreign language most likely will be used to greet and possibly guide foreign visitors. You would not be expected to explain highly technical aspects of our program. Reading and translating duties might involve assisting the staff in reading and responding to foreign language correspondence or in translating documents from the holdings at our facility.

| Foreign language(s) please list: | Speak and Understand Fluent/Proficient | Can read and translate into and from Easily/Passably |
|----------------------------------|---|---|
| Other Communication Abilities: | | |
| American Sign Language | Highly skilled Some ability | |

| Braille | \Box Highly skilled \Box Some ability |
|---------|---|

WHEN ARE YOU AVAILABLE

Days:

- □ Monday Hours:
- □ Tuesday Hours:
- □ Wednesday Hours:
- □ Thursday Hours:
- □ Friday Hours:
- □ Saturday Hours:
- □ Sunday Hours:



REFERENCES

List two people who are not relatives who know about your ability and knowledge. It is important that you provide the names of two individuals who can be contacted to discuss your qualifications for a volunteer position. They will be informed of the reason for the contact.

| *Name: | | |
|---------------------|-------------------------|--------|
| *Mailing address: | | |
| *City: | *State: | *Zip: |
| *Email: | | |
| *Cell phone number: | Alternate phone number: | |
| | | |
| *Name: | | |
| *Mailing address: | | |
| *City: | *State: | *Zip: |
| *Email: | | |
| *Cell phone number: | Alternate phone number: | |
| | | |
| *Signature: | | *Date: |