



# Volunteer Application

Thank you for your interest in volunteering at the National Oregon/California Trail Center. Please take a few minutes to assist us by filling out this application. Or, you may print the application and fax to (208) 847-1863, Attention: Volunteer Coordinator.

## PERSONAL

1. Full Name: \_\_\_\_\_  
First Last
  2. Mailing Address: \_\_\_\_\_
  3. City/State: \_\_\_\_\_
  4. Physical Address: \_\_\_\_\_
  5. Second Residence: \_\_\_\_\_
  6. City/State: \_\_\_\_\_
  7. Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_
  8. Social Security Number: \_\_\_\_\_
- E-Mail address: \_\_\_\_\_
- Birth date: (Just month and day) Month \_\_\_\_\_ Day \_\_\_\_\_

## EDUCATION

- Name of Institution: \_\_\_\_\_
- Diploma/Degree: \_\_\_\_\_
- Other courses, training or skills: \_\_\_\_\_
- Major Course of Study: \_\_\_\_\_
- Indicate what foreign languages you speak, read, and/or write: \_\_\_\_\_
- \_\_\_\_\_

## EMPLOYMENT / VOLUNTEER EXPERIENCE

- Organization \_\_\_\_\_
- Title / Responsibilities \_\_\_\_\_
- Dates \_\_\_\_\_
- Organization \_\_\_\_\_
- Title / Responsibilities \_\_\_\_\_
- Dates \_\_\_\_\_



**REFERENCES**

Name \_\_\_\_\_

Address and phone \_\_\_\_\_

Affiliation \_\_\_\_\_

Name \_\_\_\_\_

Address and phone \_\_\_\_\_

Affiliation \_\_\_\_\_

Name \_\_\_\_\_

Address and phone \_\_\_\_\_

Affiliation \_\_\_\_\_

May we contact the above?  Yes  No If not, please indicate: \_\_\_\_\_

\_\_\_\_\_

**Areas of volunteer service at the National Oregon/California Trail Center:**

See Volunteer Guidelines for job descriptions and specifics.

- |  |   |
|--|---|
| <input type="checkbox"/> *Curator Tours    | <input type="checkbox"/> Administration   |
| <input type="checkbox"/> Trail Center Shop | <input type="checkbox"/> Youth Education  |
| <input type="checkbox"/> Adult Education   | <input type="checkbox"/> Special Events   |
| <input type="checkbox"/> Projects          | <input type="checkbox"/> Library/Archives |

If you live in Bear Lake part of the year please indicate time or times of the year you are in the valley:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate your interest area (areas): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT:** I certify that the information on this application is true, complete, and correct. I authorize the investigation of my past employment, education, and activities and I release from all liability and persons, companies, and corporations supplying such information. I understand that false answers, statements, or significant omissions made by me shall be sufficient cause for denial of my application of discontinuance thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

