Last Name	First Name
VOLUNTEER REGISTRATION FORM Historical Society of Baltimore County 9811 Van Buren Drive Cockeysville, MD 21030 Phone: 410-666-1878	Do you have your own transportation? Yes No PLEASE CHECK ALL THAT APPLY
Name (Printed)	Employed Retired Student Other
Street Address	Weekly Monthly Occasionally Once
City, State, & Zip	M T W TH F S SU Mornings Afternoons Evenings All Day
Phone (Home) Phone (Cell)	Each time I volunteer, I would like to spend hours at HSOBC
E-Mail Data of Birth	What are your interests & goals in volunteering at HSOBC?
Emergency Contact Name	
Emergency Contact Phone	
Do you have any allergies, medical conditions, etc.?	Do•you prefer to work Alone Only with other volunteers With the Public
	Do you prefer to work
	At home At HSBC Wherever
	PERSONNEL INFORMATION TSIDE OF HSOBC ADMINISTRATION 1/23/2015 Rev.

Last Name	First Name
Do you have access to the Internet at home? No DSL Cable/FIOS Broadband Check which programs and volunteer positions are of interest to you: (Check all that apply) Operations, Library: Greeter Patron assistance Librarian Archivist Researcher (history) Researcher (genealogy) Cataloging Data Entry Vertical File Administration Scanning Library Data Photo organization, scanning and data entry Operations, Museum: Researching & cataloging museum artifacts Numbering & Inventory museum artifacts Storage organization Photographing artifacts Museum database review & editing (PastPerfect) Exhibit development/planning Exhibit construction/installation	Farm Museum Maintenance Support: Interior Housekeeping Maintenance (painting) Minor Electrical work Plumbing Carpentry Operations, other: Book Development/Editing/Publishing Membership Development Fundraising Event Planning Info Booth at external events (parades, etc.) Program Developer Program Coordinator Walking Tour Guide Interviewer, Oral History Photography or Videography Original Art Work Newsletter Development Mebsite maintenance/development Bookkeeping Publicity/ Media relations Outgoing telephone communications

CONFIDENTIAL PERSONNEL INFORMATION NOT FOR RELEASE OUTSIDE OF HSOBC ADMINISTRATION

Last Name	_ First Name
Other (Please let us know your interest if not listed above.)	Training cont.
List related volunteer experience (include organization, duties)	
Computer Skills	
List other Skills I Hobbies /Interests	
Describe training (e.g. CPR, First Aid), education, certificates, and foreign languages which could assist our volunteer efforts:	

Last Name	First Name
Have you had any convictions other than minor traffic violations?	
Yes No	You will be contacted to verify we received your application and answer questions you may have. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THE
If yes, explain:	VOLUNTEER PROGRAM
Signature	
Parent I guardian signature if under 18	
Date	
Dutt	
Return application to:	
Historical Society of Baltimore County Volunteer Coordinator	
9811 Van Buren Drive Cockeysville, MD 21030	
Or	
Send a signed, scanned copy attached to an e-mail to: info@hsobc.org	