



# DUBUQUE COUNTY HISTORICAL SOCIETY



## VOLUNTEER APPLICATION

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### PERSONAL INFORMATION (Please type or print clearly)

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Preferred pronouns \_\_\_\_\_

Parent/guardian's name (if you are under 18) \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone with area code \_\_\_\_\_ Email address \_\_\_\_\_

Have you ever lived in another state? If yes, please list states of residence. \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? If yes, please explain. \_\_\_\_\_

### How did you hear about volunteer opportunities at NMRMA?

- College/University     
  Friend or Family Member     
  Newspaper (which one?) \_\_\_\_\_  
 Workplace Notice     
  Internet (which site?) \_\_\_\_\_     
  Other (explain) \_\_\_\_\_

Do you speak any language(s) besides English fluently?       No       Yes (which?) \_\_\_\_\_

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### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Are there any medical conditions you have that we should be aware of? If yes, please voluntarily explain. \_\_\_\_\_

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### INTERESTS & WOK SCHEDULE

<b>I'm interested in: (check all that apply)</b>			
<input type="checkbox"/> Archives/Historical Collections	<input type="checkbox"/> Development	<input type="checkbox"/> Office/reception	<input type="checkbox"/> Youth programs/camps
<input type="checkbox"/> Blacksmithing	<input type="checkbox"/> Greeting	<input type="checkbox"/> Special events	<input type="checkbox"/> Other _____
<input type="checkbox"/> Conservation Projects	<input type="checkbox"/> Living Collections	<input type="checkbox"/> Stingray touch tank	_____

**AVAILABILITY** (List your general availability for each day of the week below)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration and may be considered justification for dismissal if discovered at a later date.

I understand that I will be interviewed prior to being accepted as a museum volunteer and I/applicant will be expected to complete the required training for museum volunteers. I understand that youth volunteers must be at least 14 years of age to volunteer on their own; youth under 14 years of age must be accompanied by an adult at all times.

**CRIMINAL BACKGROUND CHECK**

For organizationally-defined volunteer and internship positions, Dubuque County Historical Society will conduct a criminal background check to release all information and data authorized under the Iowa law, for the purpose of volunteering. A signed consent form is required before this check can be completed. Convictions and pleas are not an automatic bar to volunteering. Relevant factors such as the nature of the violation, how recent and serious the charges, as well as evidence of rehabilitation will be considered.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Please return application via email, mail, or in person to:**

National Mississippi River Museum & Aquarium  
Missy Wersinger  
350 E. 3rd Street  
Dubuque, IA 52001

Phone: 563-557-9545 x. 213  
Fax: 563-583-1241  
Website: [www.rivermuseum.com](http://www.rivermuseum.com)  
E-mail: [mwersinger@rivermuseum.com](mailto:mwersinger@rivermuseum.com)