

MONTEREY COUNTY HISTORICAL SOCIETY
333 BORONDA ROAD
SALINAS, CALIFORNIA 93912



MCHS VOLUNTEER PROGRAM APPLICATION

PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT INFO: e-mail(s): _____ cell-phone: _____ - _____ - _____

WOULD YOU BE WILLING TO SUBMIT TO BACKGROUND AND CREDIT CHECKS? YES _____ . NO _____

(A NO ANSWER WILL NOT NECESSARILY ELIMINATE YOU FOR CONSIDERATION FOR THE MCHS VOLUNTEER TRAINING PROGRAM.)

EMPLOYMENT HISTORY:

CURRENT EMPLOYER:

LAST NAME: _____ FIRST NAME: _____ M.I. _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: NAME _____ TITLE: _____ DEPT/DIVISION: _____

CONTACT: e-mail(s): _____ work: _____ - _____ - _____ cell _____ - _____ - _____

Fax: _____ EMPLOYMENT DATE: HIRE DATE - ____/____/____

DESCRIBE, IN DETAIL, THE DUTIES AND RESPONSIBILITIES OF **YOUR** POSITION _____

FORMER EMPLOYER:

NAME: _____

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SUPERVISOR: NAME _____ TITLE: _____ DEPT/DIVISION: _____

CONTACT: e-mail(s): _____ work: _____ - _____ - _____ cell _____ - _____ - _____

Fax: _____

EMPLOYMENT DATE: HIRE DATE - ____/____/____ LAST EMPLOYMENT DAY - ____/____/____

DESCRIBE, IN DETAIL, THE DUTIES AND RESPONSIBILITIES OF **YOUR** POSITION _____

PERSONAL REFERENCE

May we contact this reference? YES ___ NO ___
NAME: LAST _____ FIRST _____ POSITION TITLE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
TELEPHONE NUMBERS: (CELL- ___ - ___ - ___), (OTHER(S) - ___ - ___ - ___ - ___ - ___ - ___.)
HOW LONG HAVE YOU KNOWN THIS PERSON? _____ (YEARS)
PEFERRED CONTACT METHOD: _____

PROFESSIONAL REFERENCE

May we contact this reference? YES ___ NO ___
NAME: LAST _____ FIRST _____ POSITION TITLE: _____
MAILING ADDRESS: _____ CITY: _____ ZIP CODE: _____
TELEPHONE NUMBERS: (CELL- ___ - ___ - ___), (OTHER(S) - ___ - ___ - ___ - ___ - ___ - ___.)
HOW LONG HAVE YOU KNOWN THIS PERSON? _____ (YEARS)
PEFERRED CONTACT METHOD: _____

JOB SKILLS INVENTORY

1> PLEASE DESCRIBE YOUR BACKGROUND AND EXPERIENCES IN CUTOMER SERVICE (i.e. – EDUCATOR, CARE-GIVER, RETAIL OR WHOLESALE SALES, NURSE, MILITARY VETERAN, HOSPITALITY INDUSTRY.)

2> PLEASE DESCRIBE YOUR EXPERIENCE WITH TEAM-WORK? (MEMBER/LEADER)?

3> DO YOU ENJOY READING FOR YOUR OWN EDIFICATION? IF SO, HOW DO YOU EVALUATE THE VERACITY OF WHAT YOU'VE READ?

4> PLEASE PROVIDE A BRIEF SYNOPSIS OF YOUR KNOWLEDGE OF THE HISTORY, AND PRE-HISTORY, OF CAIFORNIA.

5> WHAT SPECIAL SKILLS DO YOU POSSESS THAT WOULD ASSIST THE MISSION OF THE MONTEREY COUNTY HISTORICAL SOCIETY? (EXAMPLES: COMPUTER SKILLS, PAINTING, ANALYTICAL SKILLS, BLACKSMITHING, GARDENING, WOODWORKING/CARPENTRY, PLUMBING, PAINTING (ARTISTIC, RESIDENTIAL (INTERIOR/EXTERIOR), PUBLIC SPEAKING, ENROLLED MEMBER OF AN INDIGENOUS NORTH AMERICAN TRIBE, HISTORICAL RE-ENACTMENT.

6> WHICH DAYS AND HOURS WOULD YOU BE WILLING TO VOLUNTEER AT THE ADOBE / MUSEUM?

(Example: MONDAY 1 hrs)

MONDAY ___hrs, TUESDAY ___hrs, WEDNESDAY ___hrs, THURSDAY ___hrs, FRIDAY ___hrs, SATURDAY ___hrs
SPECIAL EVENTS ONLY ___hrs, SPECIAL PROJECTS ___hrs, MCHS VISITS (SCHOOLS, CHURCHES, CIVIC GROUPS) ___hrs

MCHS STAFF ONLY

Background Check: _____ Date: ___/___/___

Credit Check: _____ Date: ___/___/___

Director of Docent/Volunteer Program: _____ Date: ___/___/___

Executive Director/Curator: _____ Date: ___/___/___

NOTES:
