

Mississippi Department of Archives and History

Volunteer Services

P. O. Box 571
Jackson, MS 39205-0571
601.576.6985
mdah.state.ms.us

Adult Volunteer Application (18+)

Please fill in as completely as possible. If a question does not apply to you, please mark "NA" in the blank.

Personal Information

Name: _____ Ms. _____ Mrs. _____ Mr. _____
Last First Middle Initial (Preferred Salutation)

Address: _____
Street Address City State Zip Code

Phone: (Day) _____ (Evening) _____ (Cell) _____

E-mail: _____

Emergency Contact: _____ (1) _____
Name Relationship Phone (list two)
_____ (2) _____

Please list any special needs: _____

Volunteer Experience

Current/most recent volunteer position Name of organization

Your duties Years of service

Additional volunteer service

Additional volunteer service

Employer: _____ Position: _____

Availability

Do you prefer to volunteer:

___ Weekly ___ Twice monthly ___ Special projects ___ On call only

Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Volunteer preference(s)

Administration

- Office area
- Public Information

Historic Properties

- Grand Village of the Natchez Indians
- Historic Jefferson College
- Winterville Mounds

Archives and Records Services

- Government Records
- Image and Sound
- Paper Archives
- Published Information
- Reference Services

Museum

- Administration (behind the scenes, special events)
- Eudora Welty House
- Governor's Mansion
- Old Capitol Museum

Historic Preservation

- Archaeology
- Architecture
- Technical Preservation Services

Go to <http://volunteer.mdah.state.ms.us/> to see current volunteer opportunities.

Licenses/Certificates:

Special Skills/Training/Hobbies:

Why would you like to volunteer at the Mississippi Department of Archives and History?

References: (not related to you)

Mr./Ms. _____

Title and/or Organization: _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____ Email: _____

Mr./Ms. _____

Title and/or Organization: _____

Address: _____ City/State/Zip: _____

Daytime Phone: _____ Email: _____

Comments/Additional Information:

Signature _____ **Date** _____

Thank you for your interest in the MDAH volunteer program. We look forward to considering your application for placement.

For office use only:	
Date Received: _____	By: _____