

VOLUNTEER SERVICE APPLICATION FORM

National Archives and Records Administration

INSTRUCTION SHEET

Thank you for your interest in becoming a volunteer at the National Archives and Records Administration Great Lakes Region (Chicago). Our volunteers play a vital role in the activities at the Great Lakes Region. They supplement the staff in important ways with special talents and knowledge that might not be otherwise available.

The next step in applying to become a volunteer is to complete the attached form. Your answers to the questions will enable us to see where you might best help our program and what activities would be most fulfilling to you. Many of the questions are self-explanatory. Others might need a little explanation.

PERSONAL INFORMATION: Please provide a phone number at which we may reach you Monday through Friday, between 8:00 a.m. and 4:00 p.m. to follow up on your application. You also may provide an e-mail address for that purpose.

WORK EXPERIENCE: When listing your work experience, show only the last 10 years of employment. If you are retired, describe the last 10 years you worked before you retired.

LANGUAGES: An ability to speak and understand a foreign language most likely will be used to greet and possibly guide foreign visitors. You would not be expected to explain highly technical aspects of the Great Lakes Region program. Reading and translating duties might involve assisting the staff in reading and responding to foreign language correspondence or in translating documents from the holdings of the Great Lakes Region.

SPECIAL SKILLS: The information you provide will help us to identify which activities at the Great Lakes Region will most interest you and where you can make the greatest contribution to our program. Please mark those activities on the list with which you have experience and indicate your level of expertise. Please add any other activities in which you have experience that you think will fit into the Great Lakes Region's program.

AVAILABILITY: Which days of the week and which hours on those days will you usually be available to volunteer your services? On occasions, volunteers will be needed in the evening.

REFERENCES: It is important that you provide the names of two individuals who can be contacted to discuss your qualifications for a volunteer position. They will be informed of the reason for the contact. Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access to our facility. For further information about this step in the application process, please contact our Volunteer Coordinator at 773-948-9001.

Please read the Paperwork Reduction Act Burden Statement and the Privacy Act Statement that follow. The Privacy Act Statement explains the circumstances under which this information may be shared with someone other than NARA staff. Be assured that any information you provide will be held in the strictest confidence and divulged to others only in compliance with the Privacy Act and the Freedom of Information Act.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be 25 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, Maryland 20740. DO NOT SEND COMPLETED VOLUNTEER APPLICATION FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS INDICATED ON THE LAST PAGE OF THIS FORM.

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information is authorized by 44 U.S.C. 2104. Disclosure of the information is voluntary. The information provided will be used to determine whether you will be accepted as a volunteer. Additionally, the information may be provided to an expert, consultant, or contractor of NARA to assist NARA in the performance of its duties. If some or any of the information is not provided by the applicant, the effect will be that you may not be accepted as a volunteer.



VOLUNTEER SERVICE APPLICATION FORM Great Lakes Region (Chicago)

National Archives and Records Administration

PERSONAL INFORMATION											
	Date of Birth										
Street Address	Cit	y		State ZIP							
Daytime Telep		E-mail Address									
	E	DUCATION									
Level	Name and Location of	Institution	Yea	ars Attended	Diplor	Diploma / GED					
High School			Please circle:								
					Yes	No					
College:	Name of Instituti	ion	Years Attended		Major Field of Study		Deg ree				
Undergraduate											
Undergraduate											
Graduate											
	WORI (Summarize your	K EXPERIENC		wment)							
Posi		From To			Employer						
	PREVIOUS VO		PERIE	INCE							
Duties		From To		Organization							

LANGUAGES															
Foreign Language(s) [Please list]		Speak and l		d U	Understand		Can Read and		and Translat	Translate into and from					
· · ·			Fluently			Passably		Easily			Passably				
Special Languages:							1								
American Sign Lar	nguage		No Abil							Highly Skill					
Braille No			No Abil	No Ability			Some Ability			Highly Skill	ed				
SPECIAL SKILLS (Check all that apply. H = Highly Skilled S = Some Experience)															
	Gene	ral				Computer									
Skill Level:					S	5	Skill Level:				ŀ	I	S		
Research: Gener							Datab								
	alogical					-	Microsoft Word Other Word Processing								
U.S. History: Era of Interest:						┥┝	HTML					+			
Special Events: P		ging				1 -	Excel					+			
Librarianship						1 [PowerPoint								
Archives							Other	(Specify)							
Teaching						-									
Writing / Editing Customer Service						-									
Public Outreach	2					-									
Other (Specify)															
WHEN AVAILABLE															
Days:	Monday	Tuesday	Wednesday			Thu	hursday Friday Saturd				ay Sunday				
Hours:															
REFERENCES (List two people who are not relatives who know about your abilities and knowledge)															
Name				<u>, , , , , , , , , , , , , , , , , , , </u>		Name	about	your abilitie			90/				
Street Address						Street	Addres	S							
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SEND YOUR COMPLETED APPLICATION:															
By Postal Mail to: By FAX to: 773-948-9050 By e-mail to: chicago.archives@nara.gov National Archives and Records Administration By e-mail to: chicago.archives@nara.gov Great Lakes Region (Chicago) Volunteer Coordinator 7358 South Pulaski Road Chicago, IL 60629-5898															
For questions about completing this form, please contact our Volunteer Coordinator at 773-948-9001.															