

VOLUNTEER SERVICE APPLICATION FORM

National Archives and Records Administration

INSTRUCTION SHEET

Thank you for your interest in becoming a volunteer at the National Archives Pacific Region (San Francisco). Our volunteers play a vital role in the activities at the Pacific 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 Pacific 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 Pacific Region.

SPECIAL SKILLS: The information you provide will help us to identify which activities at the Pacific 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 Pacific 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 650-238-3485.

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 Pacific Region (San Francisco)

National Archives and Records Administration

PERSONAL INFORMATION												
	Dat	Date of Birth										
Street Address		City	1	State	State ZIP							
Daytime Telep	E-mail Address											
EDUCATION												
Level	Name and Location of	Institution	Years Attended	Diplo	Diploma / GED							
High School	ligh School			Plea	Please circle:							
				Yes	No							
College:	Name of Instituti	on	Years Attended	Major Field	of Study	Deg ree						
Undergraduate												
Undergraduate												
Graduate			-									
WORK EXPERIENCE (Summarize your last 10 years of employment)												
Posi	From To		Employer	Employer								
	PREVIOUS VO		PERIENCE									
Duties		From To		Organization								

LANGUAGES													
Foreign Language(s) [Please list]			Speak and Unders		lerst	and	Can Read	Can Read and Trar		nslate into and from			
	Fluently			Passably		Easily		Passably					
Special Languages:					-			1					
American Sign Language		No Abil				Some Ability Highly Skilled							
Braille		No Abil	ity			Some Abi	Some Ability Highly Skilled						
SPECIAL SKILLS													
(Check all that apply. H = Highly Skilled S = Some Experience)													
Chill Level	General					Chill La		ompute	r				
Skill Level: Research: General				Н	S	Skill Level: H S Databases							
Genealogical						Microsoft Word							
U.S. History:							Other Word Processing						
Era of Interest:				1	1		HTML						
Special Events: Planning /	Staging					Excel					_		
Librarianship Archives							rPoint (Specify)						
Teaching						Oulei	(Specify)						
Writing / Editing													
Customer Service													
Public Outreach													
Other (Specify)													
WHEN AVAILABLE													
Days:	Monday	Tuesday	uesday Wednesday		ay	Thursday Friday Saturday Sunday					lay		
Hours:													
REFERENCES													
(List two p	eople who are	e not relati				out your ab	ilities and kn	owled	ge)				
Name						Name							
Street Address					Street Address								
City State					City State								
							71						
ZIP				_	ZIP								
Signature				Т	Today's Date								
-													
SEND YOUR COMPLETED APPLICATION:													
By Postal Mail to: By FAX to: 650-238-3511 By e-mail to: rosemary.kennedy@nara.gov											7		
National Archives and Records Administration													
Pacific Region (San Francisco)													
1000 Commodore Drive													
San Bruno, California 94066-2350													
For questions about completing this form, please contact our Volunteer Coordinator at 650-238-3485.													