



Alabama DEPARTMENT OF
ARCHIVES & HISTORY

Student Volunteer Application

Date: _____

PERSONAL INFORMATION

Name (first and last):	
I prefer to be called:	Date of birth:
Street address:	City:
	State and ZIP code:
Phone number (home):	Phone number (cell):
Email address:	

How did you learn of our program?

EMERGENCY INFORMATION

Contact name:	
Contact number:	Relationship:

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Contact number:	Relationship:

AVAILABILITY

When are you available to volunteer? (Check all that apply.)

Saturday AM (8:30 – 12:00)	OR	Weekdays:	M	Tu	W	Th	F
Saturday PM (12:30 – 4:30)		Hours available:	_____				

How many times a week would you like to volunteer? _____

Number of hours per day: _____

School name: _____ Grade: _____

Are you completing community service hours? _____ If so, how many? _____

Areas of interest (check all that apply):

Education	Meet the Public	Behind the Scenes
Children’s Gallery	Front Desk Reception Museum Store	Digitization

Please answer the following questions. (There are no wrong answers!)

What goals do you wish to achieve from your volunteer service with the Archives?

What else would you like us to know about you? (Hobbies, school clubs, extracurricular activities, etc.)

Complete this form and email to Mary Amelia Taylor at maryamelia.taylor@archives.alabama.gov or mail to Alabama Department of Archives and History, ATTN: Mary Amelia Taylor, P.O. Box 300100, Montgomery, Alabama, 36130.