

mdah.state.ms.us

Adult Volunteer Application (18+)

MDAH Volunteer Services
P. O. Box 571
Jackson, MS 39205-0571

Contact: Elizabeth Coleman, CVA
601-576-6985
ecoleman@mdah.state.ms.us

Personal Information

Last name _____ First name _____ Ms. Mrs. Mr. Dr.

Street address _____ City _____ State _____ Zip _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Email _____

In case of emergency, notify: (1) Phone _____

Name _____ Relationship _____ (2) Phone _____

Please list any special needs _____

Volunteer and Other Experience

Current or most recent volunteer position _____ Organization _____

Your duties and length of service _____

Additional volunteer service _____

Employer _____ Position _____

Education/Licenses/Certificates _____

Special Skills/Training/Hobbies _____

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

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 Preferences

Are you more comfortable working: with the public behind the scenes both

Administration	Archives & Records Services	Historic Preservation
Office area	Government Records	Archaeology
Public Information	Image & Sound	Architecture
Human Resources	Paper Archives	Miss. State Capitol
	Published Information	Technical Preservation Services
	Reference Services	
Museum Administration	Museum Sites in Jackson	Museum Sites off Campus
Collections	Eudora Welty House & Garden	Grand Village of the Natchez Indians (Natchez)
Education	Governor's Mansion	Historic Jefferson College (Washington)
Exhibits	Old Capitol Museum	Winterville Mounds (Greenville)

Please visit www.volunteermisississippi.org or www.volunteermatch.org to see our current volunteer opportunities.

References

Mr./Ms. _____ Title and/or Organization _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Mr./Ms. _____ Title and/or Organization _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Comments/Additional Information _____

Signature _____ **Date** _____

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

<p>For office use only</p> <p>Received by _____ Date _____</p>
