



VOLUNTEER SERVICE APPLICATION FORM

National Archives and Records Administration

INSTRUCTION SHEET

Thank you for your interest in becoming a volunteer at the National Archives Central Plains Region. Our volunteers play a vital role in the activities at the Central Plains 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 8:00am-4:00pm 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 Central Plains 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 Central Plains Region.

SPECIAL SKILLS: The information you provide will help us to identify which activities at the Central Plains 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 Central Plains 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 Jennifer Audsley-Moore, 816-268-8071.

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
National Archives - Central Plains Region
National Archives and Records Administration

| PERSONAL INFORMATION | | | | |
|---|----------------------------------|----------------|----------------------------|--------|
| Name: Mr. Mrs. Ms | | | Date of Birth | |
| Street Address | | City | State | ZIP |
| Daytime Telephone Number | | E-mail Address | | |
| EDUCATION | | | | |
| Level | Name and Location of Institution | Years Attended | Diploma / GED | |
| High School | | -- | Please circle: Yes No | |
| College: | Name of Institution | Years Attended | Major Field of Study | Degree |
| Undergraduate | | -- | | |
| Undergraduate | | -- | | |
| Graduate | | -- | | |
| WORK EXPERIENCE (Summarize your last 10 years of employment) | | | | |
| Position | | From -- To | Employer | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PREVIOUS VOLUNTEER EXPERIENCE | | | | |
| Duties | | From -- To | Organization | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| LANGUAGES | | | | | | | |
|---|----------------------|-------------------|--------------|--------------------------------------|----------------|----------|--------|
| Foreign Language(s) [Please list] | Speak and Understand | | | Can Read and Translate into and from | | | |
| | Fluently | Passably | | Easily | Passably | | |
| | | | | | | | |
| | | | | | | | |
| Special Languages: | | | | | | | |
| American Sign Language | No Ability | | Some Ability | | Highly Skilled | | |
| Braille | No Ability | | Some Ability | | Highly Skilled | | |
| SPECIAL SKILLS (Check all that apply. H = Highly Skilled S = Some Experience) | | | | | | | |
| General | | | | Computer | | | |
| Skill Level: | | H | S | Skill Level: | | H | S |
| Research: General | | | | Databases | | | |
| Genealogical | | | | Microsoft Word | | | |
| U.S. History: | | | | Other Word Processing | | | |
| Era of Interest: | | | | HTML | | | |
| Special Events: Planning / Staging | | | | Excel | | | |
| Librarianship | | | | PowerPoint | | | |
| Archives | | | | Other (Specify) | | | |
| Teaching | | | | | | | |
| Writing / Editing | | | | | | | |
| Customer Service | | | | | | | |
| Public Outreach | | | | | | | |
| Other (Specify) | | | | | | | |
| | | | | | | | |
| WHEN AVAILABLE | | | | | | | |
| Days: | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Hours: | | | | | | | |
| | | | | | | | |
| REFERENCES (List two people who are not relatives who know about your abilities and knowledge) | | | | | | | |
| Name | | | | Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | | City | | State | |
| ZIP | | | | ZIP | | | |
| Telephone | | | | Telephone | | | |
| | | | | | | | |
| Signature | | | | Today's Date | | | |
| | | | | | | | |
| SEND YOUR COMPLETED APPLICATION: | | | | | | | |
| By Postal Mail to: | | By FAX to: | | By e-mail to: | | | |
| Central Plains Region | | 816-268-8038 | | jennifer.audsley@nara.gov | | | |
| 400 West Pershing Road | | | | | | | |
| Kansas City, MO 64108 | | | | | | | |
| For questions about completing this form, please contact our Volunteer Coordinator at 816-268-8071. | | | | | | | |