Last Name	First Name
VOLUNTEER REGISTRATION FORM Historical Society of Baltimore County 9811 Van Buren Drive Cockeysville, MD 21030 Phone: 410-666-1878	Do you have your own transportation?
	Yes No
	PLEASE CHECK ALL THAT APPLY
	Employed Retired Student Other
Name (Printed)	I would like to volunteer:
Street Address	Weekly Monthly Occasionally Once
City, State, & Zip	M T W TH F S SU
Phone (Home)	Mornings Afternoons Evenings All Day
Phone (Cell)	Each time I volunteer, I would like to spend hours at HSOBC
E-Mail	2 3 4 5 6 Other
Data of Birth	What are your interests & goals in volunteering at HSOBC?
Emergency Contact Name	
Emergency Contact Phone	<del></del>
Do you have any allergies, medical conditions, etc.?	Do∙you prefer to work
	Alone Only with other volunteers With the Public
	Do you prefer to work
	At home At HSBC Wherever

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Do you have access to the Internet at home?

No

DSL

Cable/FIOS

Broadband

Check which programs and volunteer positions are of interest to you: (Check all that apply)

Operations, Library:

Greeter

Patron assistance

Librarian

Archivist

Researcher (history)

Researcher (genealogy)

Cataloging

Data Entry

Vertical File Administration

Scanning Library Data

Photo organization, scanning and data entry

Operations, Museum:

Researching & cataloging museum artifacts

Numbering & Inventory museum artifacts

Storage organization

Photographing artifacts

Museum database review & editing (PastPerfect)

Exhibit development/planning

Exhibit construction/installation

Docent

Farm Museum Maintenance

Support:

Interior Housekeeping

Maintenance (painting) Minor

Electrical work

Plumbing

Carpentry

Operations, other:

Book Development/Editing/Publishing

Membership Development Fundraising

**Event Planning** 

Info Booth at external events (parades, etc)

Program Developer

Program Coordinator

Walking Tour Guide

Interviewer, Oral History

Photography or Videography

Original Art Work

**Newsletter Development** 

Website maintenance/development

Administration:

Bookkeeping

Publicity/ Media relations

Correspondence

Outgoing telephone communications

Last Name	First Name
Other (Please let us know your interest if not listed above.)	Training cont.
List related volunteer experience (include organization, duties)	
Computer Skills	
List other Skills I Hobbies /Interests	
Describe training (e.g. CPR, First Aid), education, certificates, and foreign languages which could assist our volunteer efforts:	
Describe training (e.g. CPR, First Aid), education, certificates, and foreign languages which could assist our volunteer efforts:	

Last Name	First Name
Have you had any convictions other than minor traffic	
violations?	
Yes No If yes, explain:	You will be contacted to verify we received your application and answer questions you may have. COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO THI VOLUNTEER PROGRAM
Signature	
Parent I guardian signature if under 18	
Tanono i guar anun orginarano ii amaor 20	
Date	
Return application to:	
Historical Society of Baltimore County	
Volunteer Coordinator 9811 Van Buren Drive	
Cockeysville, MD 21030	
Or	
Send a signed, scanned copy attached to an e-mail to: info@hsobc.org	

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