



**Springfield and Central Illinois  
African American History Museum**

1440 Monument Ave., Springfield, IL 62702

(217) 391-6323

[contact@spiaahm.org](mailto:contact@spiaahm.org)

### **Volunteer Application**

\_\_\_\_\_  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

#### **Medical/Emergency**

In case of emergency contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please describe any medical condition you feel museum staff should be aware of.

\_\_\_\_\_  
\_\_\_\_\_

#### **Educational Background:**

\_\_\_\_ High School \_\_\_\_ College \_\_\_\_ Graduate \_\_\_\_ Other: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Area of Study: \_\_\_\_\_

Foreign Language (Specify): \_\_\_\_\_

#### **Volunteer Experience:**

\_\_\_\_\_  
\_\_\_\_\_



**Interests & Availability:**

I would like to volunteer my services in the following area(s). You may select all that apply.

☐ Administration    ☐ Museum Store    ☐ Research    ☐ Oral History  
☐ Education    ☐ Grants    ☐ Gala    ☐ Curatorial  
☐ Tours    ☐ Curatorial    ☐ Maintenance    ☐ Reception/Events  
☐ Programs    ☐ Membership Drive

Other: \_\_\_\_\_

Please check preference for availability:

☐ Morning    ☐ Afternoon    ☐ Evening/Saturday Events  
☐ Tuesday    ☐ Wednesday    ☐ Thursday    ☐ Friday    ☐ Saturday

Interest:

☐ Tour Guide    ☐ Special Events    ☐ Children Programs    ☐ Outreach  
☐ Receptionist    ☐ Grant Writing    ☐ Clerical    ☐ Photography  
☐ Other: \_\_\_\_\_

Reason(s) you want to become a volunteer at the Museum:

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**Volunteer Agreement:**

As a member of the professional volunteer staff at the Museum, I agree to:

- Commit to one year of volunteer service, a minimum of 4 hours per month
- Attend volunteer training and meetings
- Be prompt and reliable in reporting for assignments, training, tours, and meetings
- Will notify the museum coordinator if unable to volunteer at designated time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_