



410 McIndoe Street  
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[www.marathoncountyhistory.org](http://www.marathoncountyhistory.org)

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, ST Zip: \_\_\_\_\_ Cell/Work: \_\_\_\_\_  
 County: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Areas of Interest

- |   |                                      |                                      |                                      |
|---|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Administrative               | <input type="checkbox"/> Archives    | <input type="checkbox"/> Collections | <input type="checkbox"/> Events      |
| <input type="checkbox"/> Exhibits                     | <input type="checkbox"/> Gardening   | <input type="checkbox"/> Library     | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Poster Distribution          | <input type="checkbox"/> Re-enacting | <input type="checkbox"/> Research    | <input type="checkbox"/> Mailings    |
| <input type="checkbox"/> Other/Special Project: _____ |                                      |                                      |                                      |

### Availability

Days

Times

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Occasionally (for events)          | <input type="checkbox"/> Anytime    |
| <input type="checkbox"/> Monday – Friday                    | <input type="checkbox"/> Mornings   |
| <input type="checkbox"/> Weekends                           | <input type="checkbox"/> Afternoons |
|   | <input type="checkbox"/> Evenings   |
| <input type="checkbox"/> Specific Days/Times/Seasons: _____ |                                     |

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

### References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

## Community Involvement

Please list organizations and type of involvement.

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Past Volunteer Experience.

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Special Talents/Interests.

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### Read the following carefully before signing

I certify that the information included in this application, or any other application materials submitted is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or no further consideration. In some cases, I understand you may be investigating certain public information files for information relevant to my application for volunteer service. This may include driving record information, licenses, or criminal history information. I authorize you to obtain from any source regarding my education, experience, competence, character, or medical history, as it relates to the volunteer position for which I applied. I further acknowledge reading and understanding all of the provisions of this application and agree to comply with all provisions if accepted as a volunteer for the Marathon County Historical Society.

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

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If under the age of 18)