



410 McIndoe Street  
 Wausau, Wisconsin 54403  
 (715) 842-5750  
 Library: (715) 848-0378  
 Fax: (715) 848-0576  
[www.marathoncountyhistory.org](http://www.marathoncountyhistory.org)

## VOLUNTEER APPLICATION

- Volunteer Areas:**
- Archives
  - Exhibits
  - Research
  - Marketing Assistant
  - Collections
  - Library Filing
  - Maintenance
  - Events
  - Literature/Poster Distribution
  - Children's Programs

**Personal Information**

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

Social Security (Optional): \_\_\_\_\_

Phone: \_\_\_\_\_

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

City-State-Zip: \_\_\_\_\_

County: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Check Education:    High School     College     Major \_\_\_\_\_

Have you been known by a different name by any references, schools, or employers listed on this application?  
 Yes     No     If yes, indicate name: \_\_\_\_\_

Your birth date is needed to assist in completing an annual criminal background check required for positions:  
 Month – Day - Year \_\_\_\_\_  
 (Under age 18 requires birth date and guardian's signature.)

Have you ever been convicted of a crime?    Yes     No     If so, when: \_\_\_\_\_  
 Type of crime: \_\_\_\_\_

A conviction will not automatically disqualify a volunteer for a particular project. A volunteer may be rejected or subsequently terminated if the circumstances of the arrest or conviction substantially relate to the assigned volunteer duties.

**Emergency Contact**

Name: \_\_\_\_\_    Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_    Alternate Phone: \_\_\_\_\_

**References**

Name: _____	Relationship: _____
Address: _____	Phone: _____
 Name _____	 Relationship: _____
 Address: _____	 Phone: _____

**Community Involvement**

Please list organizations and type of involvement:

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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 Marathon County Historical Society.

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

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If under the age of 18.)