

VOLUNTEER SERVICE APPLICATION FORM

INSTRUCTION SHEET

Thank you for your interest in becoming a volunteer at the John F. Kennedy Presidential Library & Museum. Our volunteers play a vital role in the activities at the Information Desk. 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 9:00am-5:00pm, to follow up on your application. You may provide an e-mail address, for that purpose, if you choose.

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 Library's 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 Library.

SPECIAL SKILLS

The information you provide will help us to identify which activities at the Library 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 Library'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 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 the Library 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 FRONT 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.



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John F. Kennedy Presidential Library & Museum
National Archives and Records Administration

PERSONAL INFORMATION

Name: Mr. Mrs. Ms			Date of Birth
Street Address	City	State	ZIP
Daytime Telephone Number		E-mail (optional)	

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

