

The Charlotte-Genesee Lighthouse Historical Society



VOLUNTEER APPLICATION FORM

LAST Name: _____ FIRST Name: _____ Middle Initial: _____

Preferred Nickname: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone (Home): _____ (Work): _____ (Cell): _____

*E-mail Address: _____

*The Lighthouse Society has my permission to contact me at the above e-mail address

I prefer to be contacted by: E-mail or Phone at (check all that apply): Home Work Cell

YOUTH APPLICANTS ONLY:

School: _____ Grade Level: _____

PERSON(S) TO NOTIFY IN THE EVENT OF AN EMERGENCY:

Emergency Contact Name #1: _____

Telephone Number: _____ Is this: home work cell other _____

Emergency Contact Name #2: _____

Telephone Number: _____ Is this: home work cell other _____

Please briefly share why you want to volunteer at the Lighthouse and/or Custom House:

How did you hear about us? _____

Have you volunteered before? Yes No If "yes," where have you volunteered? _____

(Application continues on reverse)

What qualifications/skills/experience/education do you have that you would like to use in your volunteer work?
Either check the appropriate boxes or describe on the lines below:

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Carpentry/Renovation | <input type="checkbox"/> Clerical/Office Work |
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> Curatorial | <input type="checkbox"/> Fundraising/Membership |
| <input type="checkbox"/> Gardening/Landscaping | <input type="checkbox"/> Gift Shop/Retail Work | <input type="checkbox"/> Graphic Design/Exhibits |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Research/Librarian |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Special Events | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Other (use lines below) | <input type="checkbox"/> Fluent in a Foreign Language |
-
-
-
-

AVAILABILITY (please check all that apply):

Which months are you available for volunteer work?

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Which days per week are you available for volunteer work?

- | | | | | | | |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|

REFERENCES: Please provide three references (not relatives) having knowledge of your character and abilities.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

Have you ever been convicted of a crime? (You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, and misdemeanors for which probation was completed and the case judicially dismissed) Yes No

If "yes," please explain _____

ADVISORY: A check of the volunteer applicant's criminal history may be made to verify the responses to the above questions for the sole purpose of ensuring the safety of its visitors, volunteers, and collections. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of volunteer service and that the answers given by me are true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

If applicant is under 18 years of age, a parent's signature is required:

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

Please return this form to:
The Charlotte-Genesee Lighthouse, Attn: Volunteer Services
70 Lighthouse Street * Rochester, New York 14612
Phone: 585.621.6179 * Volunteers@geneseeighthouse.org