



PASCACK HISTORICAL SOCIETY

“Preserving the Past for the Future”

Volunteer Application

Full Name: _____

Email: _____

Address: _____

Date of Birth: _____

City/State/Zip: _____

Are you over 18 years of age? Yes No

Telephone (Home): _____

If under 18 years old, please provide name of

Telephone (Cell): _____

Parent/Guardian: _____

Section 1: Education and Work History

Education/Special Training: _____

Occupation: _____

Employer’s Name: _____

Length of Employment: _____

List position held/Duties: _____

Highest Grade Level Completed: _____

Are you currently a student? Yes No

If you answered “yes” to the last question, please provide name of school and academic major:

Computer Skills: _____

Foreign Language Skills: _____

Section 2: Volunteering

Please list your most recent volunteer experience.

Organization	Years of Service	Volunteer duties/responsibilities

Are you required to do volunteer work (e.g. school requirement)? If yes, please explain: _____

How did you hear about Pascack Historical Society?

Why do you want to volunteer at the Pascack
Historical Society? _____

Are you willing to commit to all the requirements of
the Pascack Historical Society's Volunteer Program?

Section 3: Additional Information

Please list two people (non-family members) who would be willing to serve as a personal reference.

Name of reference	Phone number	Email address

Have you ever been convicted (found guilty) of a
crime (including probation(s) before judgment), or
are there any pending criminal charges awaiting a
hearing? Yes No

If yes, please describe all convictions, when they
occurred, the acts and circumstances involved:

Please list any medical conditions of which the
Pascack Historical Society should be aware:

Please provide an emergency contact (name,
relationship, telephone and/or email):

Section 4: Final

(Required) I certify all information to be true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the Pascack Historical Society from any liability whatsoever for supplying such information.

(Required) I understand that I must be 14 years of age to volunteer at the Pascack Historical Society and if I am under the age of 18 years of age and/or attending high school, I will need a parental consent.

SIGNATURE

DATE

*Mail completed application to **Pascack Historical Society, P.O. Box 85, Park Ridge, NJ 07656** or drop off at the PHS office, 19 Ridge Ave., Park Ridge, during regular business hours, Wednesdays 10-12 and Sundays 1-4 p.m.*