

2016 Volunteer Application



Thank you for your interest in becoming part of the Bullock Texas State History Museum volunteer team! Currently, we're looking for volunteers to assist as Greeters and/or Cart Conversationalists. If approved, new volunteers are required to attend orientation and training as scheduled.

Responsibilities Include

- Welcome and greet visitors
- Provide visitors with a brief overview at various stations throughout the museum
- Assist visitors by providing hands on activities inspired by the museum artifacts and exhibits

The Details

- Please attend *all* Enrichment Classes designed specifically for volunteers.
- Make the commitment to a regularly scheduled shift and assignment.
- Commit the time to get to know the museum and learn the facts and stories to share with visitors. We'll provide the guidance.
- We ask all volunteers to observe all Bullock Museum volunteer policies.

When can you volunteer?

Volunteers are expected to assist during regularly scheduled weekly shifts. Indicate your preferred timeslot(s) below. Current available shifts are:

SUN	MON	TUE	WED	THU	FRI	SAT
<input type="checkbox"/> 3 PM-5 PM	<input type="checkbox"/> 12 PM-3 PM <input type="checkbox"/> 3 PM-5 PM	<input type="checkbox"/> 12 PM-3 PM <input type="checkbox"/> 3 PM-5 PM	<input type="checkbox"/> 12 PM-3 PM	<input type="checkbox"/> 12 PM-3 PM	<input type="checkbox"/> 12 PM-3 PM	<input type="checkbox"/> 12 PM-3 PM

How can we contact you?

Name: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

Tell us about yourself.

1. Why do you want to volunteer at the Bullock Texas State History Museum?

2. Where have you volunteered previously? What were your responsibilities?

3. What do you hope to learn from your volunteer experience?

4. What special skills, talents, or interests will you share with other Museum volunteers, staff, and visitors?

5. Are you fluent in any languages other than English?

6. How did you hear about the Volunteer Program at the Museum?

Provide a reference.

Please list one reference (professional colleague, friend, etc.—not a family member).

Name: _____

Phone Number: _____

Email Address: _____

Relationship: _____

Return your application.

Please mail or fax your completed application to:

Volunteer Services
Bullock Texas State History Museum
P.O. Box 12874
Austin, TX 78711

Fax: (512) 936-4699

For more information, please contact:

Education Department
(512) 936-4634
Volunteers@TheStoryofTexas.com

This page must be submitted with your application

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING THE SPACE PROVIDED.

1. I understand that I am applying for an at-will, unpaid volunteer position.
2. I hereby certify that the statements on this application, as well as those on any attachment(s) to this application, are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from the Volunteer Program.
3. I authorize you to communicate with all of my former employers, schools, officials, and persons named as references. I hereby release all employers, schools, officials and individuals from any liability that may result from responding to any background check and/or reference inquiries that may be performed in relation to this application.
4. I understand that the State Preservation Board, the agency of which the Bob Bullock Texas State History Museum is a division, will contact the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.

I hereby authorize, consent, and grant permission to any person or entity to release to the SPB or its agent(s) any and all information regarding my criminal history. I waive any and all claims I may have with respect to providing such information. I understand the SPB and its agent(s) are not responsible for the accuracy or completeness of the information contained in such reports. I release the SPB and its agent(s) from any and all liability, claims, and lawsuits with respect to the information obtained from any or all of the sources used by the SPB and its agent(s).

I understand that this authorization is not an offer of volunteer status by the SPB. I also understand that this authorization is a continuing authorization and that as long as I remain a volunteer, the criminal history records check may be repeated at any time.

Please provide us with your full name and date of birth.

Applicant's Full Name (Please Print Clearly)

Date of Birth

Applicant's Signature

Date