VOLUNTEER SERVICE APPLICATION

NATIONAL ARCHIVES

Instruction Sheet

Thank you for your interest in becoming a volunteer at the

Our volunteers play a vital role in the activities at the

They supplement the staff in important ways with special talents and knowledge that might not be otherwise available.

Please note that you must meet the following requirements in order to be qualified as a NARA volunteer: you must be 16 years or older and meet one of the following three requirements: (1) you must be a U.S. citizen; (2) you must be a legal resident alien [possessor of a green card]; or (3) you must be a holder of a type A1 or A2 diplomatic visa. If you do not meet these requirements, we will not be able to accept your volunteer application.

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.

Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access you are granted to our facility. For further information about this step in the application process, please contact the volunteer coordinator at

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 NARA 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 (I), 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 BOTTOM OF THIS FORM.

PRIVACY ACT STATEMENT

Collection of this information is authorized by 44 U.S.C. 2104 and 44 U.S.C. 2105(d). The information you provide to NARA on this form will be used to determine if you will be accepted as a volunteer. This information may be disclosed to an expert, consultant, agent or contractor of NARA to the extent necessary for them to assist NARA in the performance of its duties or in accordance with any other "routine uses of records" listing in the Privacy Act System of Records NARA 26, "Volunteer Files." Completing this form is voluntary, but failure to provide all of the requested information will result in you not being accepted as a volunteer.

SEND YOUR COMPLETED APPLICATION: BY FAX: BY E-MAIL

Mail

Eisenhower Presidential Library & Museum
Attn: Volunteer Application
P.O. Box 339
Abilene, KS 67410

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VOLUNTEER SERVICE APPLICATION

NATIONAL ARCHIVES

PERSONAL INFORMATION Please provide a phone number at which we may reach you Monday through Friday, during business hours to follow up on your application. You also may provide an email address for that purpose.

Please check if you have ☐ U.S. Citizenship ☐ a green card ☐ an A1 or A2 diplomatic visa

Name ☐ Mr. ☐ Mrs. ☐ Ms. _____

Date of birth (MM/DD/YY) _____

Street address, city, state, zip _____

_____

Telephone number _____ Email _____

EDUCATION

Level	Name / Location of Institution	Years Attended	Diploma/GED
High school			Yes ☐ No ☐

College		Years Attended	Field of Study
Undergraduate			
Undergraduate			
Graduate			

WORK EXPERIENCE

(**Summarize your last 10 years of employment**) 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.

Position	From / to	Employer

PREVIOUS VOLUNTEER EXPERIENCE

Duties	From / to	Organization

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VOLUNTEER SERVICE APPLICATION FORM

NATIONAL ARCHIVES

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 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

Foreign language(s) please list	Speak and Understand Fluent	Speak and Understand Proficient	Can read and translate into and from Easily	Can read and translate into and from Passably
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

Special languages:

American Sign Language ☐ Highly skilled ☐ Some ability

Braille ☐ Highly skilled ☐ Some ability

SPECIAL SKILLS. Check all that apply
The information you provide will help us to identify which activities at the will most interest you and where you can make the greatest contribution to our program.

Are you skilled in

- ☐ Genealogical research using computers
- ☐ Genealogical research using sources other than computers please specify: _____
- ☐ Archival work such as holdings maintenance, processing, or description
- ☐ Data entry
- ☐ Word processing
- ☐ Excel
- ☐ PowerPoint

Do you have any other skills or particular interests related to volunteering? Please list them:

_____
_____
_____
_____
_____
_____

WHEN ARE YOU AVAILABLE

Days:	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
Hours:	_____	_____	_____	_____	_____	_____	_____

REFERENCES. List two people who are not relatives who know about your ability and knowledge. It is important that you provide the names of two individuals who can be contracted to discuss your qualifications for a volunteer position. They will be informed of the reason for the contact.

Name _____	Name _____
Street address _____	Street address _____
City, state, zip _____	City, state, zip _____
Telephone _____	Telephone _____

Signature _____ Date _____

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