



## DOCENT VOLUNTEER APPLICATION

CONTACT INFORMATION					
Last Name	First Name	M.I.	Birthdate / /		
Email			Home Phone		
Current Street Address			Work Phone		
City/State/Zip			Cell Phone		
EMPLOYMENT					
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed					
If Retired, Previous Employment:				Date of Retirement	
Current Job Title			Employer's Name		
Address			Dates of Employment		
City/State/Zip			Phone		
EDUCATION					
School	Name	Location	# of Years Completed	Date of Graduation	Major/Degree
High School					
College					
Graduate School					
Trade/Business or Correspondence					
VOLUNTEER INFORMATION					
<b>List previous volunteer experiences:</b>					
Organization	Your Role	Dates	Reason for Leaving		
<b>Why do you want to volunteer at the Illinois Holocaust Museum and Education Center?</b>					

**What interests or experiences do you feel may have prepared you for this program?**

**List any special skills you possess that would be an asset to the Museum volunteer program:**

**I am proficient in the following:**

Language

Speak

Read

Write

American Sign Language: \_\_\_\_\_

Signing Exact English: \_\_\_\_\_

**I am available:**

**Weekdays:**  Monday

Tuesday

Wednesday

Thursday

Friday

**Weekends:**  Saturday

Sunday

**I am available during the hours of 9:00 a.m. - 2:00 p.m.**

**I am not a "snowbird." I do not go away from the area during the winter months.**

**How did you hear about the Docent Program?**

**Are you willing to committ to the ten-day training and training outside of class?** Yes                      No

**What lessons do you think learning about the Holocaust can teach us?**

**Have you studied the Holocaust before?**    Yes                      No

**If yes, to what extend? i.e.: College course, personal reading, visiting Holocaust memorials and sites, etc...**

**REFERENCES**

**Please list two references such as past or present employers, teachers, volunteer supervisors, etc.  
We CANNOT accept family members or personal friends as references.**

Name	Relationship	Phone
Address	City/State/Zip	Email
Name	Relationship	Phone
Address	City/State/Zip	Email

**EMERGENCY CONTACT INFORMATION**

Contact Name	Relationship	Home Phone
Address		Work Phone
City/State/Zip	Email	Cell Phone

**ETHNICITY--OPTIONAL**

At times, the ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER is subject to certain governmental and donor recordkeeping and reporting requirements for the administration of civil rights laws, regulations and diversity policies. In order to comply with these requirements, the ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER invites employees and volunteers to voluntarily self-identify their race, ethnicity, and religion. Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Check one:**       African-American       Asian       Caucasian       Hispanic       Other  
**Check one:**       Jewish       Non-Jewish

**BACKGROUND INVESTIGATION, AUTHORIZATION AND RELEASE**

An individual volunteering at the ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER must undergo an investigation into his or her background as a condition of placement. Background investigations are authorized by the individual and allow a representative from the Museum to look into references, past employment history, law enforcement criminal history records, driving records, and any statements made by the individual regarding his or her background and history.

These background investigations are typically conducted prior to actual placement. However, in the event that a volunteer is placed in a position before the results of the investigation have been obtained, he or she must understand that continued volunteer service is contingent upon a favorable result.

Volunteers are advised that criminal history and driving records are public information and can be obtained from municipal, county, state and criminal files without prior authorization from the applicant or employee.

I have read and understand the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following information is true and correct to the best of my knowledge (PLEASE PRINT ALL INFORMATION):**

Last Name	First Name	Middle Name
Maiden Name	Other Names Used	
Current Address	*Date of Birth / /	
City/State/Zip	County	Social Security Number - -
Prior States of Residence		
Driver's License Number	State	Expiration Date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Note: The above information is required for identification purposes only, and is in no manner used as qualifications for participation in the ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER volunteer program. The Museum is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age, handicap or national origin.

**DOCENT APPLICANT STATEMENT**

I understand that I am applying to be an unpaid volunteer for the ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER and that this application is not an application for employment. I understand that nothing in this application is intended to imply or create an employment relationship or a contract for employment.

If I am accepted into the ILLINOIS HOLOCAUST MUSEUM & EDUCATION CENTER'S volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the Museum, and commit to volunteer regularly for a minimum duration of one year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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