

TEXAS HOLOCAUST AND GENOCIDE COMMISSION

P.O. Box 12276 • Austin, Texas 78711-2276

512-463-8815 Office • 512-475-3122 Fax

PETER N. BERKOWITZ, CHAIRMAN

Volunteer Application

Please print clearly.

Date: _____

Applicant Information

Name: _____

Phone: _____

Email: _____

Physical Address: _____

Mailing Address: _____

(If different from above) _____

References (Please do not include relatives)

Reference 1:

Name: _____

Phone: _____

Email: _____

Relationship: _____

Reference 2:

Name: _____

Phone: _____

Email: _____

Relationship: _____

Emergency Contact Information

Name: _____

Phone: _____

Alternate Phone: _____

Physical Address: _____

Relationship: _____

Please tell us about yourself:

VOLUNTEER: Are you currently or have you previously been a volunteer for another organization? If yes, please describe:

EDUCATION: List school(s), degree(s), and major field(s) of study

School: _____

Degree/Diploma: _____

Major: _____

School: _____

Degree/Diploma: _____

Major: _____

FOREIGN LANGUAGE SKILLS:

Language: _____ Fluency: Basic Intermediate Advanced

Language: _____ Fluency: Basic Intermediate Advanced

SKILLS: Please check all that apply.

Speaking/Lecturing

Website design

Filing

Photography

Graphics/design

Research

Data entry

Editing/proofreading

Word processing

Other - please describe:

Writing

Customer Service

INTERESTS:

What type of volunteer work interests you most?

Speaker/Presenter

Special Events/Memorials and Exhibits

Education/Resources

Other - please describe:

Administrative

Underwriting

AVAILABILITY (for those who are working on a weekly schedule):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

How long can you commit to the schedule above?

If you are not volunteering on a set schedule such as the above, how many hours a week can you give to THGC?

Are you currently working on a specific project? If yes, please describe.

If you would like to be a speaker for THGC, please describe your experience and area of expertise. Where have you presented in the past?

If you would like to volunteer in a different capacity or on a specific project, please describe any related previous experience and preferred project.

Revision Date: 8/1/12

Are you willing to volunteer a minimum of 1 – 2 years?

Are you able to volunteer at special events and meetings?

Are you willing to travel outside of your area to volunteer?

Will there be any conflict between your commitment to the Commission and your other activities? (Please explain.)

Why are you seeking a volunteer position with the Texas Holocaust and Genocide Commission?

What do you think best qualifies you to be a THGC Volunteer?

Revision Date: 8/1/12

How did you learn about the THGC's Volunteer Program?

THGC website

Museum website

Media (i.e.: newspaper, magazine, etc.)

Texas Historical Commission website

Other - please describe: _____

Signature: _____

Please return this form by mail, fax, or scanned email attachment to:

Texas Holocaust and Genocide Commission

Attn: Charles Sadnick

P.O. Box 12276

Austin, TX 78711-2276

Tel: (512) 463-8815

Fax: (512) 475-3122

charles.sadnick@thc.state.tx.us

Thank you for your interest in volunteering.

Revision Date: 8/1/12