

**Rock Island County Historical Society**  
**822 11th Avenue, Moline, IL 61265**  
**(309)764-8590**  
**Open Wed., Thurs., Fri. & Sat. 9:00-4:00**

Date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Telephone \_\_\_\_\_E-mail:\_\_\_\_\_

Birth date: Month\_\_\_\_\_Day\_\_\_\_\_Year (optional)\_\_\_\_\_

**Brief Summary of Education, Work and Volunteer Experience**

\_\_\_\_\_  
\_\_\_\_\_

**Person to Notify in Case of Emergency**

Name	Phone	Relationship
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**Do you have any physical problems which prevent lifting, bending or stooping?**

\_\_\_\_\_

**Express an interest in one or more of the following areas:**

<input type="checkbox"/> Building & Grounds Care	<input type="checkbox"/> Interviewing—oral history
<input type="checkbox"/> Cataloging/Processing	<input type="checkbox"/> Newsletters—Mailings
<input type="checkbox"/> Clerical—Receptionist	<input type="checkbox"/> Photography
<input type="checkbox"/> Computer Data Entry	<input type="checkbox"/> Research
<input type="checkbox"/> Exhibits	<input type="checkbox"/> Special Events
<input type="checkbox"/> Filing	<input type="checkbox"/> Writing
<input type="checkbox"/> Illustrating/Art Work	

**Special Interests**\_\_\_\_\_

**Special Skills**\_\_\_\_\_

**Preferred Days of Week**\_\_\_\_\_

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**Orientation date**\_\_\_\_\_

**Volunteer Work Ethics Acknowledged**

\_\_\_\_\_  
**Name**