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| --- |
| *PERSONAL INFORMATION* |
|       |       |
| Full Name | Date of Birth (MM/DD/YYYY) |
|       |       |
| Email Address | Telephone Number |
|       | Volunteer: [ ]  Intern: [ ]  |
| Street Address, City, State, Zip |   |
| *EDUCATION* |
| Level | Name / Location of Institution | Years Attended: | Diploma / GED |
| High School |       |       | Yes: [ ]  No: [ ]  |
|  |       |       |
| College | Name / Location of Institution | Years Attended | Field of Study |
| Undergraduate |       |       |       |
| Graduate |       |       |       |
| *WORK EXPERIENCE* |
| Position | Dates From / To | Employer |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| *VOLUNTEER EXPERIENCE* |
| Position | Dates From / To | Organization |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| *SPECIAL SKILLS (Check all that apply.)* |
|  [ ]  Digitizing records using scanners  [ ]  Archival work (processing, arrangement, description) [ ]  Data entry[ ]  Word processing [ ]  Excel[ ]  Access  | Do you have any other skills or interests related to volunteering? Please list them.       |
| *AVAILABILITY* |
| Days: | [ ]  Monday | [ ]  Tuesday | [ ]  Wednesday | [ ]  Thursday | [ ]  Friday |
| Hours: |       |       |       |       |       |
| *REFERENCES (Please list at least two.)* |
|       |       |
| Full Name | Street Address, City, State, Zip |
|       |       |
| Telephone Number | Email Address |
|       |       |
| Full Name | Street Address, City, State, Zip |
|       |       |
| Telephone Number | Email Address |
|       |       |
| Full Name | Street Address, City, State, Zip |
|       |       |
| Telephone Number | Email Address |

|  |  |
| --- | --- |
|      Signature |      Date |

Note: If you used a browser-based email application, please save and attach to an email addressed to: Brittany.Morris@delaware.gov.

 06/03/2021