



Dakota County
Historical Society

Volunteer Application Form

NAME _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

EMAIL _____

DATE OF BIRTH _____

PLEASE SPECIFY WHICH SITE(S) YOU WISH TO VOLUNTEER AT

_____ LeDuc Historic Estate - Hastings

_____ Lawshe Memorial Museum - South St. Paul

_____ Sibley Historic Site - Mendota

_____ All Historic Sites

_____ *If you're interested in helping with offsite events check here*

**Rank 1-3 to denote preference if you have any*

WHAT IS YOUR AVAILABILITY?

WEEKDAYS (9:00am – 3:00pm)

_____ WEDNESDAY _____ THURSDAY _____ FRIDAY

WEEKNIGHTS (3:00pm – 8:00pm)

_____ THURSDAY

WEEKEND

_____ SATURDAY _____ SUNDAY

APPROXIMATELY HOW MANY HOURS A MONTH DO YOU WISH TO SHARE?

_____ 1 – 5 HOURS

_____ 11 - 15 HOURS

_____ 6 – 10 HOURS

_____ 16 - 20 HOURS

SPECIAL INTEREST SKILLS

CHECK ALL OF THE AREAS IN WHICH YOU MAY BE INTERESTED

_____ HOUSE HOST / FRONT DESK

_____ DATA ENTRY

_____ NEWSPAPER INDEXING

_____ KITCHEN HELP

_____ FILING OR DISTRIBUTION

_____ PHOTOGRAPHY

_____ EVENTS AND PROGRAMS

_____ SCHOOL TOURS

_____ GIFT SHOP ASSISTANCE

_____ GARDENING

_____ OTHER, PLEASE SPECIFY: _____

Return To: Dakota County Historical Society ■ 130 3rd Avenue N ■ South St. Paul, MN 55075

Emergency Contact Information Form

Personal Information

Name: _____
Home Phone: _____ Cell: _____ Work: _____
e-mail address: _____
Home Address: _____

Emergency Contact

Name: _____
Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Optional Additional Emergency Contact

Name: _____
Relationship: _____
Home Phone: _____ Cell: _____ Work: _____

Allergies and Other Pertinent Medical Information

**things we should know if an ambulance should need to be called and/or so we can alert medical personnel*

Allergies: _____

Other Information: _____

Do you give us permission to call an ambulance or transport you to the nearest medical facility should you develop serious illness or injury during work/volunteer hours?

- Yes
 No

Signature: _____ Date: _____