



MAYME A. CLAYTON LIBRARY AND MUSEUM

VOLUNTEER SERVICE APPLICATION FORM

INSTRUCTION SHEET

Thank you for your interest in becoming a volunteer for the Mayme A. Clayton Library & Museum (MCLM). Our volunteers play a vital role in and we are grateful for your willingness to help make the Mayme Agnew Clayton of African American History & Culture available to the public.

To become a MCLM volunteer please complete the attached form. Many of the questions are self-explanatory. Others might need a little explanation.

PERSONAL INFORMATION

Please provide a phone number and an email address at which we may reach you Monday through Friday, between 9:00 am and 5:00 pm.

WORK EXPERIENCE

When listing your work experience, please show only the last 10 years of employment. If you are retired, please describe the last 10 years of employment.

LANGUAGES

An ability to speak and understand a foreign language most likely will be used to greet and, possibly, guide foreign visitors. You will not be expected to explain highly technical aspects of the Library's program.

SPECIAL SKILLS

The information you provide will help us to identify which MCLM activities will most interest you and where you can make the greatest contribution to our program. Please mark those activities on the list with which you have experience and indicate your level of expertise. Please add any other activities in which you have experience that you think will fit into the Library's program.

AVAILABILITY

Which days of the week and which hours on those days are you usually available to volunteer your services? On occasion, volunteers will be needed in the evening.

REFERENCES

It is important that you provide the names of two individuals who can be contacted to discuss your qualifications for a volunteer position. They will be informed of the reason for the contact.

The Privacy Act Statement explains the circumstances under which this information may be shared with someone other than the Library staff. Be assured that any information you provide will be held in the strictest confidence and divulged to others only in compliance with the Privacy Act and the Freedom of Information Act.

PRIVACY ACT STATEMENT

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information is authorized by 44 U.S.C. 2104. Disclosure of the information is voluntary. The information provided will be used to determine whether you will be accepted as a volunteer. Additionally, the information may be provided to an expert, consultant, or contractor of MCLM to assist MCLM in the performance of its duties. If some or any of the information is not provided by the applicant, the effect will be that you may not be accepted as a volunteer.



VOLUNTEER SERVICE APPLICATION FORM

PERSONAL INFORMATION			
Name: Mr. Mrs. Ms			
Street Address	City	State	ZIP
Daytime Telephone Number		E-mail	
In Case of Emergency, Contact:		Relationship	

EDUCATION				
Level	Name and Location of Institution	Years Attended	Diploma / GED	
High School		--	Please circle: Yes No	
College:	Name of Institution	Years Attended	Major Field of Study	Degree
Undergraduate				
Undergraduate		--		
Graduate		--		

WORK EXPERIENCE (Summarize your last 10 years of employment)		
Position	From -- To	Employer

PREVIOUS VOLUNTEER EXPERIENCE		
Duties	From -- To	Organization

LANGUAGES			
Foreign Language	Speak and Understand		Can Read and Translate into and from
	Fluently	Passably	Easily

Special Languages:							
American Sign Language	No Ability		Some Ability		Highly Skilled		
Braille	No Ability		Some Ability		Highly Skilled		
SPECIAL SKILLS (Check all that apply. H = Highly Skilled S = Some Experience)							
General				Computer			
Skill Level:	H	S	Skill Level:	H	S		
Research:			Databases				
Genealogy			Microsoft Word				
U.S. History:			Other Word Processing				
Era of Interest:			HTML				
Special Events: Planning / Staging			Excel				
Librarianship			PowerPoint				
Archives			Other (Specify)				
Teaching							
Writing / Editing							
Customer Service							
Public Outreach							
Other (Specify)							
WHEN AVAILABLE							
Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							
REFERENCES (List two people who are not relatives who know about your abilities and knowledge)							
Name				Name			
Street Address				Street Address			
City		State		City		State	
ZIP				ZIP			
Telephone 818-512-1337				Telephone 818-342-1107			
SEND YOUR COMPLETED APPLICATION:							
By Postal Mail to: Mayme A. Clayton Library & Museum ATTN: Volunteer Division 4130 Overland Avenue. Culver City, CA 90230			By FAX to: 310-202-5464		By e-mail to: lloyd@claytonmuseum.org		
For questions about completing this form, please contact our Volunteer Coordinator at 310-202-1647							