

**Louisiana State Archives
Research Library
Volunteer Application**

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Previous Employment and Volunteer Experience:

List present or most recent experience first, including the name of your supervisor and a telephone number.

Name of Business or Organization: _____

Address: _____

Name of Supervisor: _____ Telephone Number: _____

Duties: _____

Date of Employment: _____ to _____ Paid Employment: YES NO

Name of Business or Organization: _____

Address: _____

Name of Supervisor: _____ Telephone Number: _____

Duties: _____

Date of Employment: _____ to _____ Paid Employment: YES NO

Name of Business or Organization: _____

Address: _____

Name of Supervisor: _____ Telephone Number: _____

Duties: _____

Date of Employment: _____ to _____ Paid Employment: YES NO

Education: (circle last completed)

GED / High School / Some College / College Degree / Graduate Courses (Degree)

List Degree if College Graduate: _____

List Special Skills, Training or Education: _____

Check Area(s) of Interest:

- Shelving
- Vital Records Data Entry
- Assisting Patrons
- Answering Phones
- Other _____

List Days & Times Available:

In Case of Emergency Notify:

Name: _____

Phone Number: _____

Have you ever been convicted of a felony? YES NO

If yes, please give a brief explanation (offense, date of offense, place and sentence):

References:

Please list two people (employers, supervisors, teachers or other non-relative) we may contact for a reference.

Name: _____ Phone: _____

Name: _____ Phone: _____

I certify that the answers contained in this application are true and complete to the best of my knowledge. My volunteer service is conditional upon completion of the application and verification of the references. If my offer is accepted, I will not be entitled to compensation for any services I provide. I understand by volunteering, I am not guaranteed any special consideration for any future permanent job positions with the Louisiana Secretary of State, should I ever apply for one.

Signature of Volunteer Applicant: _____ **Date:** _____

Thank you for your interest in volunteering at the Louisiana State Archives. Your application will be directed to the library's volunteer coordinator. Should a position matching your skills and interests be available, we will contact you for an interview. If however, we are unable to find a suitable match, we will notify you and file your application for future reference.

Contact or Send to:

Research Library Administrator
 Archives Division
 Secretary of State
 Phone 225.922.1196
 Fax 225.922.0433
 Email library@sos.la.gov