

# Archives and Records Center

## 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:**

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**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):

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**References:**

Please list two people (employers, supervisors, teachers or another 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 on 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 Diocese of Houma-Thibodaux, should I ever apply for one.**

**Signature of Volunteer Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you for your interest in volunteering at the Archives and Records Center. Your application will be directed to the Archivist. 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:

Archives and Records Center  
205 Audubon Ave.  
Thibodaux, LA 70301  
Phone 985.446.2383  
Email: archives@htdiocese.org