



Gov. Vance Birthplace State Historic Site

Volunteer Application

				Applica	nt Information	on			
	Applicant information					711	Preferred		
Full Name:	0					141	Name:		
	Surname)		First		М.І.			
Address:	Street Ad	ddress						Apartment/Unit #	
	City					State	2	ZIP Code	
Phone:				E	mail:				
				A۱	/ailability				
					sday through S lays, and flexibl			te holidays. Please	
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Mo	ornings								
Af	ternoons								
Comments:	-								
			How m	any hours o	lo you plan to	Volunteer?			
Hours per Week: Hours per Month:									
How long do you plan to volunteer with Vance Birthplace?									
_	_	_	_	l l	nterests	_	_	_	
Which of the	ese volunt	eer positio	ns are you		Check all that	t apply)			
		es Volun	Serv	e as the face	e of the historic	site alongside		ers. You will welcome give house tours.	
□ Livi	na Histor	y Volunte	Transp	ort visitors th	nrough time as	you become a		cal from the 1800s,	
	ing mistor	y volunte	demor	strating histo	oric crafts and s	kills.			
☐ Gro	Grounds & Facilities Volunteer Prefer to work behind the scenes? We often have projects like painting, re-stacking fencing, and clearing brush to be done around the site.								
☐ Spe	cial Even	t Support			ger crowds at or vering questions			ng traffic, selling grounds.	
How did you	ı become	interested	in the Vand	ce Birthplace	volunteer progr	ram?			
Do you have	e any emp	loyment o	r volunteer	experience r	elated to the vo	lunteer positior	n to which y	ou are applying?	

Please list any related hobbies or special in	terests:					
	Background					
Employer / School						
Address						
Phone	May we call, if necessary?					
Highest Level of Education	American Otto Inc.					
How old are you? 15 or under 16-17 older loder	If under 18, will there be an adult relative or guardian YES No volunteering with you?					
Have you ever been convicted of a crime?	YES NO If yes, please explain:					
	References					
Full Name:	Organization:					
Relationship:	Email: Phone:					
Full Name:	Organization:					
Relationship:	Email: Phone:					
	Agreement and Signature					
	privileged and/or sensitive information which I may obtain directly or visitors, and its staff and volunteers. I agree that my services will be donated or promise of future employment.					
artifact handling procedures. I understand to comply with the policies and procedures of 3) reasons of unsatisfactory attitude, work,	ties and procedures of Vance Birthplace, including safety practices and hat my volunteer status may be terminated at any time for 1) failure to Vance Birthplace and its volunteer program; 2) absence without notification; or personal appearance; and/or 4) any other circumstances which, in the y continued service as a volunteer contrary to their best interests.					
	lete to the best of my knowledge. If this application leads to a volunteer ng information in my application may result in my immediate dismissal.					
Signature:	Date:					
Please mail, email, or fax your completed a	pplication to:					
Vance Birthplace SHS Attn: Internships 911 Reems Creek Road Weaverville, NC 28787	vance@ncdcr.gov FAX: (828) 645-0936 Phone: (828) 645-6706					

Vance Birthplace welcomes committed, dependable, and enthusiastic volunteers of any background to join our historic site team. We do not discriminate based on race, religion, gender, sexual orientation, disability, or age.