

# VOLUNTEER SERVICE APPLICATION



## Instruction Sheet

Thank you for your interest in becoming a volunteer at the **George W. Bush Presidential Library and Museum**. Our volunteers play a vital role in the activities at the **George W. Bush Presidential Library and Museum**. They supplement the staff in important ways with special talents and knowledge that might not be otherwise available.

Please note that you must meet the following requirements in order to be qualified as a NARA volunteer: you must be 16 years or older and meet one of the following three requirements: (1) you must be a U.S. citizen; (2) you must be a legal resident alien [possessor of a green card]; or (3) you must be a holder of a type A1 or A2 diplomatic visa. If you do not meet these requirements, we will not be able to accept your volunteer application.

The next step in applying to become a volunteer is to complete the attached form. Your answers to the questions will enable us to see where you might best help our program and what activities would be most fulfilling to you. Many of the questions are self-explanatory. Others might need a little explanation.

Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access you are granted to our facility. For further information about this step in the application process, please contact the volunteer coordinator at **bush43volunteer@nara.gov**.

Please read the Paperwork Reduction Act Burden Statement and the Privacy Act Statement that follow. The Privacy Act Statement explains the circumstances under which this information may be shared with someone other than NARA 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.

### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Public burden reporting for this collection of information is estimated to be 25 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (I), 8601 Adelphi Road, College Park, Maryland 20740. **DO NOT SEND COMPLETED VOLUNTEER APPLICATION FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE ADDRESS INDICATED ON THE BOTTOM OF THIS FORM.**

### PRIVACY ACT STATEMENT

Collection of this information is authorized by 44 U.S.C. 2104 and 44 U.S.C. 2105(d). The information you provide to NARA on this form will be used to determine if you will be accepted as a volunteer. This information may be disclosed to an expert, consultant, agent or contractor of NARA to the extent necessary for them to assist NARA in the performance of its duties or in accordance with any other "routine uses of records" listing in the Privacy Act System of Records NARA 26, "Volunteer Files." Completing this form is voluntary, but failure to provide all of the requested information will result in you not being accepted as a volunteer.

SEND YOUR COMPLETED APPLICATION:  
Mail

BY FAX:

BY E-MAIL



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# VOLUNTEER SERVICE APPLICATION



**PERSONAL INFORMATION** Please provide a phone number at which we may reach you Monday through Friday, during business hours to follow up on your application. You also may provide an email address for that purpose.

Please check if you have  U.S. Citizenship  a green card  an A1 or A2 diplomatic visa

Name  Mr.  Mrs.  Ms. \_\_\_\_\_

Date of birth (MM/DD/YY) \_\_\_\_\_

Street address, city, state, zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

## EDUCATION

Level	Name / Location of Institution	Years Attended	Diploma/GED
High school	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
College			
Undergraduate	_____	_____	Field of Study _____
Undergraduate	_____	_____	_____
Graduate	_____	_____	_____

## WORK EXPERIENCE

**(Summarize your last 10 years of employment)** When listing your work experience, show only the last 10 years of employment. If you are retired, describe the last 10 years you worked before you retired.

Position	From / to	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PREVIOUS VOLUNTEER EXPERIENCE

Duties	From / to	Organization
_____	_____	_____
_____	_____	_____



# VOLUNTEER SERVICE APPLICATION FORM



**LANGUAGES.** An ability to speak and understand a foreign language most likely will be used to greet and possibly guide foreign visitors. You would not be expected to explain highly technical aspects of the \_\_\_\_\_ program. Reading and translating duties might involve assisting the staff in reading and responding to foreign language correspondence or in translating documents from the holdings of the George W. Bush Presidential Library and Museum

Foreign language(s) please list	Speak and Understand Fluent / Proficient	Can read and translate into and from Easily / Passably
_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Special languages:

American Sign Language  Highly skilled  Some ability  
 Braille  Highly skilled  Some ability

**SPECIAL SKILLS. Check all that apply**

The information you provide will help us to identify which activities at the \_\_\_\_\_ will most interest you and where you can make the greatest contribution to our program.

Are you skilled in <input type="checkbox"/> Genealogical research using computers <input type="checkbox"/> Genealogical research using sources other than computers please specify: _____ <input type="checkbox"/> Archival work such as holdings maintenance, processing, or description <input type="checkbox"/> Data entry <input type="checkbox"/> Word processing <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint	Do you have any other skills or particular interests related to volunteering? Please list them: _____ _____ _____ _____
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**WHEN ARE YOU AVAILABLE**

Days:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Hours: \_\_\_\_\_

**REFERENCES. List two people who are not relatives who know about your ability and knowledge.** It is important that you provide the names of two individuals who can be contracted to discuss your qualifications for a volunteer position. They will be informed of the reason for the contact.

Name _____	Name _____
Street address _____	Street address _____
City, state, zip _____	City, state, zip _____
Telephone _____	Telephone _____
Email: _____	Email: _____
Signature _____	Date _____





## Standards of Conduct for Volunteers

The National Archives and Records Administration (NARA) recruits people to volunteer at its

- presidential libraries
- regional facilities
- Washington, DC-area locations.

Volunteers help NARA achieve its goals by donating their time and talents for work with the public and for work behind-the-scenes.

The primary objective of the NARA Volunteer Program is to assist the National Archives and those using its services, the Standards of Conduct listed here have been developed to define the responsibilities and obligations that go with this volunteer service.

All volunteers must follow these Standards of Conduct. If any volunteer violates any of these standards, NARA may terminate that volunteer's service.

1. NARA volunteers must always act in a courteous, considerate, and prompt manner in dealing with the public, fellow volunteers, and National Archives staff. NARA volunteers must avoid any action, whether or not specifically mentioned in these Standards of Conduct, which might result in or create the appearance of:
  - a. Using their NARA volunteer position for the private gain of themselves or others;
  - b. Giving preferential treatment to any one NARA user over another;
  - c. Impeding Government or NARA efficiency or economy;
  - d. Being partisan; endorsing a particular group, individual, or political perspective; or advancing a social agenda;
  - e. Affecting adversely the confidence of the public in the integrity of the Government or of NARA.
2. NARA volunteers may not behave in any way that causes people to believe that the work of a private group is actually the work of the government.
3. NARA volunteers must keep any nonpublic information confidential and may not make use of outside of NARA any nonpublic information, for themselves or others, if such information is not generally available to the public or if such information was obtained solely by reason of their NARA volunteers service.
4. NARA volunteers who are members of a private group, association, or organization must avoid activities on behalf of the group, which might imply endorsement of the group by NARA or the Government.



## Standards of Conduct for Volunteers

5. NARA volunteers must preserve the security and integrity of Federal property, including archival and donated historical materials in the custody of the National Archives and the Presidential libraries. They must observe all NARA regulations and procedures for storing, handling, and disclosing information from these records and materials.
6. During their NARA volunteer shifts, volunteers may not represent any other group. Also, NARA volunteers may not solicit research or tour-guiding business in a NARA facility while serving as a NARA volunteer. Volunteers may not include their volunteer status at NARA on any business card.
7. NARA volunteers may not personally seek nor accept money or any other thing of value (including gifts of any kind) in connection with their NARA service, except in those instances when they are acting on behalf of an officially recognized NARA support organization.
8. NARA volunteers may use, take, dispose of, or allow others to use, take, or dispose of Government records, property, facilities, or services of any kind only if they are doing so for officially approved Government business. Government facilities, telephones, property, and staff may be used only for official NARA business and only when authorized by appropriate NARA officials.
9. NARA volunteers may describe themselves as representing the National Archives only when authorized to do so. Also, when representing the agency to the public—whether on-site, at other locations, or virtually—NARA volunteers may speak only at venues and on subjects that are in keeping with the mission of NARA.
10. NARA volunteers may publish and distribute the products of their volunteer service only after NARA has released the products or the information they contain to the public. Examples of such products are indices or descriptive lists, obtained or created in the course of the volunteers' duties for NARA. In addition, NARA volunteers may not claim copyright in the products, because the products are NARA property (that is, "works of the United States) and are not eligible for copyright protection.
11. The rules in paragraphs 1 – 10 above apply when a NARA volunteer is performing volunteer services for another Government entity as a NARA volunteer.

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Signature of Volunteer

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Date

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Printed name



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# VOLUNTEER / INTERN



## Emergency Medical Consent

Name of volunteer \_\_\_\_\_

This form is filed in your volunteer or intern personnel record. The National Archives will contact the persons you list in case of an emergency and arrange to transport you to the nearest medical facility.

### EMERGENCY CONTACT INFORMATION

Please list two individuals whom we can contact in case of a medical emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### EMERGENCY TREATMENT

In emergencies requiring immediate medical attention, you will be taken to the nearest hospital emergency room. Your signature authorizes the National Archives to have you transported to that hospital.

\_\_\_\_\_  
VOLUNTEER / INTERN SIGNATURE

\_\_\_\_\_  
DATE

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## Volunteer Confidentiality Statement

The undersigned, \_\_\_\_\_, is working as a volunteer for the National Archives and Records Administration. *[Describe what the volunteer will be doing and what records will be involved.]*

This project will require the undersigned to view records that are currently restricted from public access. By law, Federal records may be disclosed only in accordance with the *[insert appropriate law: e.g. Freedom of Information Act 5 U.S.C. § 552 et seq. and the Privacy Act 5 U.S.C. § 552a or the Presidential Records Act 44 U.S.C. § 2204 et al.]*

\_\_\_\_\_ agrees to maintain the confidentiality of any of the information to which s/he may have access during the course of his/her work, whether in electronic or hard-copy format, and to take all reasonable precautions to prevent unauthorized disclosures of these records. \_\_\_\_\_ understands that if s/he fails to uphold this confidentiality agreement s/he may be terminated and/or subject to further legal action.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name