



SHEBOYGAN COUNTY  
**HISTORICAL  
RESEARCH  
CENTER**

518 Water Street, Sheboygan Falls, WI 53085  
(920) 467-4667  
www.schrc.org • research@schrc.org

## Volunteer Application Form

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### Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

### Volunteer Position Information

I would like to volunteer at the Sheboygan County Historical Research Center because:

\_\_\_\_\_  
\_\_\_\_\_

My qualifications/skills include (*check all that apply*)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Typing              | <input type="checkbox"/> Filing                   | <input type="checkbox"/> Computer Skills     |
| <input type="checkbox"/> Historical Research | <input type="checkbox"/> Genealogy Research       | <input type="checkbox"/> Courthouse Research |
| <input type="checkbox"/> Library Research    | <input type="checkbox"/> Photography              | <input type="checkbox"/> Scanning Documents  |
| <input type="checkbox"/> Writing/Reporting   | <input type="checkbox"/> Maintenance/Housekeeping | <input type="checkbox"/> Speak German        |
| <input type="checkbox"/> Read German         | <input type="checkbox"/> Speak Dutch              | <input type="checkbox"/> Read Dutch          |

Do you have any other interests or skills that might be used at The Research Center?

\_\_\_\_\_  
\_\_\_\_\_

How many hours would you be willing to volunteer each week? \_\_\_\_\_

What days would you be available to volunteer?

- Tuesday       Wednesday       Thursday       Friday       Saturday

How did you hear about volunteering at the Research Center?

\_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name \_\_\_\_\_

Relation to Contact \_\_\_\_\_

Emergency Contact Telephone \_\_\_\_\_

**Please complete and return to The Research Center or email to [steverogstad@schrc.org](mailto:steverogstad@schrc.org).**