



# Volunteer Induction Form

Thank you for your interest in volunteering with the Museum and Archives of Rockingham County. We are an equal opportunities employer and would love to welcome you to our dedicated and diverse team.

**PLEASE COMPLETE THE BELOW IN BLOCK CAPITALS**

FULL NAME: _____		DATE: _____
DATE OF BIRTH: _____	EMAIL: _____	
HOME CONTACT# _____	MOBILE CONTACT#: _____	
ADDRESS: _____		
_____		
CITY: _____	STATE: _____	ZIP CODE: _____

**In case of emergencies:**

EMERGENCY CONTACT NAME: _____		RELATION: _____
HOME CONTACT# _____	MOBILE CONTACT#: _____	
ADDRESS: _____		
_____		
CITY: _____	STATE: _____	ZIP CODE: _____

**Which Volunteer position(s) are you most interested:**

Select as many as you are interested:	
<input type="checkbox"/> Volunteer Tour Guide	<input type="checkbox"/> Education Volunteer
<input type="checkbox"/> Volunteer Reception Greeter	<input type="checkbox"/> Volunteer Event Assistant
<input type="checkbox"/> Collections and Archives Volunteer	<input type="checkbox"/> Other (please specify below)
_____	
_____	
_____	

**Continued** ⇨

We'd love to know more about you and your story if you feel comfortable sharing with us (there are no right or wrong answers!)

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**Feedback:**

From first impressions, we'd love to hear your feedback:

**How did you hear about the MARC?**

Website     Newspaper article     Event Poster     Social Media     Other (please specify below)

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**What attracted you to volunteer at the MARC?**

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**Do you have any suggestions on how the MARC can improve its volunteer efforts?**

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**Would you like to be placed on the MARC mailing list for the latest news, events and quarterly *newsletter*?**

Yes please     No thanks     I'm already a subscriber

**Declaration:**

By signing below you consent to the MARC retaining this information, as long as you are a volunteer of the organization to be used only for evaluative improvement and contacting the individual named or emergency contact in event of an emergency. All personal data will be kept secure and strictly confidential within the MARC organization only, in accordance with EU General Data Protection Regulation 2016/679 guidance.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions or wish to request an additional copy of this document please contact the Volunteer Coordinator or Executive Director.**