



# Membership Application

101 I Street  
Sacramento, CA 95814  
knicholson@cityofsacramento.org  
916-808-4980  
Fax 916-808-5100

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

Age (check one): 12-14  (with parental supervision) 15 – 18  19 - 59  60+

Is it okay to list your email and phone numbers in our membership roster? (Membership Rosters go out to all OSLH Members.) Please check below.

Home Phone: Yes  No  Cell Phone: Yes  No  Email: Yes  No

Work experiences (list both salaried and volunteer experience):

Organization	Job Title/Responsibilities
1) _____	_____
2) _____	_____
3) _____	_____

References (other than family members)	Phone #
1) _____	_____
2) _____	_____

May we contact your references? Yes  No

Are you currently enrolled in school or in a work study program? Yes  No

School/Program: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Training or degree: \_\_\_\_\_ Hours needed: \_\_\_\_\_

How did you become interested in volunteering with the Old Sacramento Living History Program and why do you want to volunteer with us?

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How did you learn about our volunteer opportunities?

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Are there any physical limitations that might prevent you from doing certain types of volunteer work?

Explain:

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Please check the days and times you are available.

Morning  S  M  T  W  Th  F  S

Afternoon  S  M  T  W  Th  F  S

Hours available: \_\_\_\_\_ Per week:  Per month:

Have you ever been arrested or convicted of a crime related to children, drugs or violence?

Yes  No

Explain:

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I am interested in participating in one or more of the following categories. Check your response in the appropriate column.

- OSLH Events .....
- Costumed Member .....
- Non-Costumed Member .....
- Executive Council (by election) ..... 
  - President .....
  - Vice President .....
  - Treasurer .....
  - Secretary .....
  - Member at Large .....
- Coordinators and Officers (by appointment) ..... 
  - Costume Bank Coordinator .....
  - Library Coordinator .....
  - Event Chairperson .....
  - Safety Officer .....
  - Storeroom Officer .....
  - Additional Functions (as needed) .....
  - Hospitality .....
  - Public Relations .....
  - Recruiting .....
- Fundraising .....
- Office Support .....
- Research .....
- Writing (skits, reenactments, etc.) .....
- Directing (skits, reenactments, etc.) .....

Please list any special training, interests, or skills you can bring to the OSLH Program:

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Are you interested in demonstrating your special training, interests, or skills to OSLH members?

Please list areas of interest (e.g. crafts, cooking, rope making, toy making, blacksmithing, spinning, weaving, etc.).

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Are you interested in teaching or lecturing OSLH members? Please list areas of interest (e.g. singing, dancing, character development, sewing/tailoring, crafts, elocution, etc.).

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Please attach additional sheet(s) as needed.

## Photo Waiver for Participation in OSLH

By signing below, the participant (or parent or guardian if participant is under the age of 18) agrees to the use of his/her image in still photography or video by the Old Sacramento Living History Program and/or the Sacramento History Alliance for promotional purposes, including but not limited to, websites and print publications. (Declining to agree to this section does not prohibit participation in the program.)

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Name (if under 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submission of this application will not guarantee placement. Volunteers must attend two scheduled training sessions and will be screened according to their placements, and may determine volunteer's eligibility for volunteerism. Screening may include reference checks, fingerprinting, background checks or other according to placement. By signing below, you are granting permission to complete any and all necessary reference checks and screening required for assignment. Screening requirements are subject to change at any time. I CERTIFY that all statements in this application are true and complete. I agree and understand that any misstatement or omission of material herein will cause forfeiture on my part of all rights to volunteerism.

I have read the above statements and have completed this application to the best of my knowledge (please sign and date below).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Applicants under the age of 18 must also have this application signed by a legal guardian.*

Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Use Only:

Acceptance Date		Handbook Received (Date)	
Recruited by		Start Date	
References Cleared		End Date	
Training Completed (Date)		Reason for Termination	