



HR Achivial Consultants

W.W. Law Archival Project

Please print clearly:

DATE: \_\_\_\_\_ NAME (Mr., Mrs., Ms., Dr.) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ WORK \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ RETIRED \_\_\_\_\_ UNEMPLOYED \_\_\_\_\_

STUDENT \_\_\_\_\_ NAME OF SCHOOL \_\_\_\_\_

SKILLS/EXPERIENCE YOU COULD SHARE (Please circle any that apply and add any others):  
Teaching \* Research \* Office work \* Art \* drawing \* Photography \* Fund-raising  
\* grant writing \* Event-planning \* Cataloging \* filing \* web design \* Computers \* civil rights activism \*  
preservation \* particular knowledge about African American history \* Others:

SPECIFIC VOLUNTEER EXPERIENCE (Please list and describe any personal interactions you had with Mr. W.W. Law or current and past organizations to which you have belonged, positions held, and activities performed):

CHECK ANY OF THE FOLLOWING AREAS IN WHICH YOU THINK YOU WOULD LIKE TO WORK:  
Cataloging \_\_\_\_\_ Photograph identification \_\_\_\_\_ Identifying and describing documents  
\_\_\_\_\_ Identifying and describing individuals and events represented by documents \_\_\_\_\_ Tours  
\_\_\_\_\_ Grant writing \_\_\_\_\_ Fund raising \_\_\_\_\_ Marketing \_\_\_\_\_ Web design  
\_\_\_\_\_ Event planning \_\_\_\_\_ Mailings \_\_\_\_\_

LIST ANY HEALTH/PHYSICAL LIMITATIONS, INCLUDING ALLERGIES:

LIST DAYS AND HOURS YOU WOULD LIKE TO VOLUNTEER. WILL YOU BE A VOLUNTEER ON A REGULAR TIME SCHEDULE, OR WILL YOUR HOURS BE IRREGULAR?

HOW DID YOU HEAR ABOUT THIS VOLUNTEER PROGRAM AND WHY DO YOU WANT TO VOLUNTEER AT WITH THE W.W. LAW ARCHIVAL PROJECT?

LIST TWO WORK REFERENCES:

1). Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Phone#: \_\_\_\_\_ Length of time he/she knew you: \_\_\_\_\_

2).Name: \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Phone#: \_\_\_\_\_ Length of time he/she knew you: \_\_\_\_\_

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RELEASE OF LIABILITY: I, \_\_\_\_\_, having been chosen as a volunteer by the HR Archival Consultants at my request, am authorized to enter upon and be upon W.W. Law Foundation premises for the general purpose of volunteering for various duties. In consideration of this selection, I hereby release and hold harmless HR Archival Consultants and the W.W. Law Foundation and its officers, directors, employees, and agents from any and all liability for damage and injury to me or, my property as a result of my volunteer activities at 226 Martin Luther King Boulevard, Savannah, Georgia. I accept full responsibility for any and all such damage or injury which may result. I UNDERSTAND THAT VOLUNTEERING WILL TAKE SOME OF MY PERSONAL TIME.

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

FOR OFFICE USE ONLY:

Application Received \_\_\_\_\_ Interview \_\_\_\_\_  
Nametag ordered \_\_\_\_\_ Shirt issued \_\_\_\_\_

Area in which to work: \_\_\_\_\_ Date to start: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

Please fax this completed form to us at (912) 234-1250, Attention: Volunteer Manager or Mail completed applications or requests for information to:

Volunteer Coordinator, W.W. LAW ARCHIVAL PROJECT  
226 Martin Luther King Boulevard, Savannah, Georgia, 31401  
If you have any other questions, you may call our Volunteer Manager at (912) 234-1250 or send your email to [WWlaw@bellsouth.net](mailto:WWlaw@bellsouth.net)