



Utah Division of Archives and Records Service

ARCHIVES VOLUNTEER & INTERNSHIP APPLICATION

Name: _____

E-mail Address: _____

Birthday: mm/dd _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Hours available: Archives hours are 9 a.m. to 4 p.m. Monday through Friday.

Please choose the times you are available. One 4 hour shift a week is great.

Mon. am __ pm __ **Tues.** am __ pm __ **Wed.** am __ pm __ **Thurs.** am __ pm __ **Fri.** am __ pm __

By initialing this statement you acknowledge that any work such as a presentation, paper, inventory of records, and/or processing project accomplished during your volunteer or internship association with the Utah State Archives is shared with the Archives and attributed properly. Initials of applicant: _____

What types of volunteer work are you interested in doing? What qualifications do you have which may be applicable to this position?

Have you, since age 18, been convicted of a crime, excluding minor traffic offences? **Y N**
(If you answer yes, please discuss any restrictions you may have with the coordinator.)

Contact in case of emergency _____ Phone: _____

Volunteer's Signature: _____ Date _____

Coordinator's Signature: _____ Date _____

Mail or bring application to:

Lauren Singer Katz
Utah State Archives
346 Rio Grande St, SLC, UT 84101
801-531-3836
lkatz@utah.gov

DAS Approval _____

Date _____