

Volunteer Form

Family History Service Volunteer Application

St. George Family History Center
355 South 200 East
St. George, Utah 84790

To the prospective applicant. Complete this form after talking with a director of the St. George Family History Center. The completed application is mailed or delivered to the address at the left.

For questions, call the center at 435-673-4591.

Personal Information

Name (last, first, middle) _____ Referred by _____

Local home address (street and number, city, state or province, postal code) _____

Birth date (month/day/year) _____ Sex Male Female Marital status Married Single Ages(s) of dependent(s) living at home _____

Home phone (with area code) _____ Work phone (with area code) _____ Cellular phone (with area code) _____ E-mail _____

Explain any work, travel, or family conditions that might affect your commitment to part-time missionary service _____

Name of person to notify in case of emergency _____ Relationship _____ Home phone (with area code) _____

Assignment Requested

The information for this section should be obtained from a center director. (check all that apply)

Job title _____ Center director contacted _____ Organization **St. George Family History Center**

Start date _____ Length of service (Also, please note any prolonged periods you would be **unable** to serve.)
 6 months 12 months 18 months 24 months 30 months Other: _____

Preferred area of assignment at center (check all that apply) Class instructor Facilities maintenance Indexing services for books and films
 Serve anywhere needed Guest services and front desk Computer maintenance Sharing services with other centers Other: _____
 Assist patrons in genealogy Lesson development Website development Librarian services

Availability Hours available to serve per week 12 hours 16 hours 20 hours 24 hours 32 hours Other _____

Daily Shift Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 am - 1:00 pm	Not open	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1:00 pm - 5:00 pm	Not open	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5:00 pm - 9:00 pm	Not open	Not open	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Not open

Please note that some areas of service have hours different than the four-hour shifts. These include lesson development, computer maintenance and others. Available for irregular hours Yes

Education and Skills

(check all that apply)

Education High school College **Computer skills** Personal Professional Technical **Genealogy skills** Personal Professional College trained
Degree(s) received _____ Word proc. Slide show Audio/Video Internet Years of experience _____ doing what?
Field of study _____ Website development Computer maintenance Speciality area(s) _____
Other _____

Areas of interest, professional skills, abilities, hobbies _____

Foreign language(s) Indicate (N) native speaker, (S) spoken, (R) read, (W) write (example: Spanish NRW) _____

Employment History

List employers and positions held. _____

LDS Church Service Information

Served at a Family History center before.
 Yes No Where and how long. _____

For Center Use Only

Health Information

General health <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Eyesight <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Currently covered by medical insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you now have or have you ever had any of the following:

- | | | | | | |
|--|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 1. Back injury or back problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Currently taking medication of any type | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Heart disease or heart trouble | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. Visited a doctor in the last five years | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Epileptic seizures, convulsions, or paralysis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 9. Physical or medical impairments or disabilities that should be considered in reviewing your qualifications for an assignment with the Church | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Dizziness or fainting spells | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 5. Hernia | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 6. Deformity, amputation, or physical disability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

If the answer is "Yes" to any of the above, give the details of each in the "Comments" section below (use an additional sheet or paper if necessary)

Comments

Agreements and Signature of Applicant

I understand that, if accepted, I will not be an LDS Church employee. Therefore, I will not be covered by workers' compensation insurance. I must provide my own medical insurance for any type of illness or injury, including those that may occur during my service.

Applicant's Signature	Date
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For Official Use Only

Administrative Board Approval

Comments

Administrative Board Representative Name	Date notified	Date approved
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