**State Archives of North Carolina**

***Volunteer and Intern Application***

Date of application:

Name:

Address: City: State: Zip:

Day Phone: Other Phone: Email Address:

***For Academic Internships Only***

Academic Supervisor:

Daytime telephone: Email address:

College or University: Department:

Educational Requirements:

Number of Hours required:

Type of project proposed:

Evaluation criteria:

***Available hours per week you would like to work (please check all that apply):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Special Events |  |  |  |  |  |

***Areas of Interest:***

\_\_\_\_ Processing of Collections \_\_\_\_ Programming & Outreach

\_\_\_\_ Scanning \_\_\_\_ Communications/Writing

\_\_\_\_ Transcription \_\_\_\_ Outreach/Media/Publicity

\_\_\_\_ Data Entry/Indexing \_\_\_\_ Digital preservation/digital processing

\_\_\_\_ Conservation \_\_\_\_ Oral history interviews

\_\_\_\_ Preservation

Skills and Qualifications (Summarize applicable education, special skills, and qualifications you have acquired from employment, education, previous volunteer work, internships or through other activities, including hobbies)

Limitations (Please list any physical limitations you may have, such as can’t lift more than 20 pounds, can’t climb ladders, etc.)

*Thank you for considering the State Archives as a volunteer opportunity. Please return the completed form to:*

*Christine Botta –* [Christine.Botta@ncdcr.gov](mailto:Christine.Botta@ncdcr.gov)