

COLLEGE of  
CHARLESTON  
SPECIAL COLLECTIONS

**Volunteer Application**

Date:

Name:

Mailing address:

Email:

Telephone:

***Interest:***

Please describe your interest and goals in volunteering with Special Collections:

Which aspect(s) of archival work interest you most?

Community outreach

Exhibit curation

Digital projects

Historical research

Preservation

Processing - collections organization and description

Other (please specify):

***Qualifications:***

Please provide a summary of the skills you would bring as a volunteer including any previous experience working in a library or archive (may attach a separate sheet or resume if necessary).

***Schedule:***

Are you able to volunteer between the hours of 9:00am and 5:00pm, Monday through Friday? Yes No

Please indicate the number of hours you can commit each week

When would you like to start?

Do you have an estimated end date?

Please send completed application to Mary Jo Fairchild ([fairchildmj@cofc.edu](mailto:fairchildmj@cofc.edu))