Mississippi State Capitol Visitor Services

400 High Street | Jackson, MS 39201 | 601.359.3114 www.legislature.ms.us | volunteer@house.ms.gov

Volunteer Application (Age 18+)

Please fill in as completely as possible. If a question does not apply to you, please mark "NA" in the blank. Email to volunteer@house.ms.gov or mail to Visitor Services, 400 High Street, Jackson, MS 39201.

Personal Information

Name:			Ms.	Mrs	Mr
Last	First	Mi	ddle Initial	(Preferred Sa	alutation)
Address:Street Address		City		State	Zip Code
Phone: (Day)	(Evening) _		(Cell)	
E-mail:					
Date of birth:					
Emergency Contact:		 	<u>(1)</u>	(2)	
Name		Relationship	Phone (list two)	
Please list any special need:	S:				
Work/Volunteer Experien	nce (Current o	r Most Rece	<u>ent)</u>		
Current/most recent work or volunteer p	oosition			Name of	forganization
Your duties				Years	of service
Additional work/volunteer service					
Additional work/ volunteer service					
ridational worky voluneer service					
Employer:		Positi	on:		
<u>Availability</u>					
-					
Volunteer timeframes are		•			. 0. 20
9 a.m. – 12:30 p.m. <u>and</u> 12		uided tours	for the gener	al public a	re at 9:30
a.m. and 11 a.m. and 1 p.m.	and 2:30 p.m.)				
You prefer to volunteer:					
Weekly					
Twice monthly					
Once monthly					

Available	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings 9 a.m. – 12:30 p.m.					
Afternoons 12:30 p.m. – 4 p.m.					

Volunteer preference(s)	
Front Desk	
Guided Tours	
Both	
Licenses/Certificates:	
Special Skills/Training/Hobbies	;:
Why would you like to volunt	eer at the Mississippi State Capitol?
Title and/or Organization:	
	City/State/Zip: Email:
-	
Mr./Ms Title and/or Organization:	
	City/State/Zip:
5 . 5 1	Email:
Comments/Additional Inform	ation:
	eer engagement at the Mississippi State Capitol. We look forward to ement.
For office use only:	
Date Received:	By: