

**The State Historical Society of Missouri
1020 Lowry Street
Columbia, MO 65201
Volunteer Agreement Form**

Name:

Contact Information:

Responsible To: *(Staff member volunteer works with)*

Benefits of Volunteering:

By volunteering, you will help the State Historical Society of Missouri provide greater access to its collections, learn new skills, gain professional contacts, meet new people, and make it possible for staff to pursue the goals and mission of the Society.

Time Commitment per week: _____

Length of Commitment: _____

Today's Date:

Signed: _____
(Volunteer)

Comments: