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| VolunteerApplicationApplicant’s Name |

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| Date | Click or tap to enter a date. |
| Address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| E-mail | Click or tap here to enter text. |

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| Areas of Interest |
| Processing of Collections  | Click or tap here to enter text. |
| Scanning | Click or tap here to enter text. |
| Transcription | Click or tap here to enter text. |
| Data Entry/Indexing | Click or tap here to enter text. |
| Conservation/Preservation | Click or tap here to enter text. |
| Programming/Outreach | Click or tap here to enter text. |
| Communications/Writing | Click or tap here to enter text. |
| Outreach/Media/Publicity | Click or tap here to enter text. |
| Digital preservation/processing | Click or tap here to enter text. |
| Oral history interviews | Click or tap here to enter text. |

**Weekly Availability****Morning**

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**Afternoon**

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**Please list skills, qualifications, and areas of interest below:**

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Thank you for considering the State Archives as a volunteer opportunity. Please return the completed form to Christine Botta at christine.botta@ncdcr.gov  |