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| VolunteerApplicationApplicant’s Name | |  |  | | --- | --- | | 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. |  |  |  | | --- | --- | | 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**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | M |  | T |  | W |  | Th |  | F |  |   **Afternoon**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | M |  | T |  | W |  | Th |  | F |  |   **Please list skills, qualifications, and areas of interest below:**   |  | | --- | |  | |  | |  | |  | |  |   Thank you for considering the State Archives as a volunteer opportunity. Please return the completed form to Christine Botta at [christine.botta@ncdcr.gov](mailto:christine.botta@ncdcr.gov) |