**SEARLES VALLEY HISTORICAL SOCIETY**

**P.O. BOX 630 TRONA, CA 93592 760-372-5222 tronamuseum@verizon.net**

APPLICATION FOR HISTORICAL RESEARCH

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PURPOSE OF RESEARCH** (check all that apply) |   |   |
|   | Book |   | Term Paper |   | Historic Preservation |
|   | Article |   | Class Project |   | Legal Investigation |
|   | Dissertation |   | Exhibit |   | Personal Interest |
|   | Thesis |   | Media Project |   | Other (describe) |
|   | Seminar Project |   | Family History |   |   |   |
|   |  |  |  |  |  |   |
| **DESCRIBE TOPICS OF INTEREST** (be as specific as possible) |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
| MAXIMUM I AM WILLING TO SPEND FOR RESEARCH (Cost: $20/hr) $ |

I know and except that I alone am responsible for conforming to any and all copyright, right-to-privacy, libel and slander laws and/or statues, and any other similar laws or statues that may apply. I agree to indemnify and hold harmless the Searles Valley Historical Society, its Officers, Directors, Volunteers and Members should any legal action result from the use of any materials obtained from the Searles Valley Historical Society as part of this Historical Research. Should the Searles Valley Historical Society be named as an additional defendant in any legal action resulting from this Historical Research, I agree to defend the Searles Valley Historical Society from such legal action.

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Signature of Applicant Date and Time Signed

If other researchers appear to be searching for closely related topics, would you like to have your contact information provided to that person? \_\_\_\_ Yes \_\_\_\_ No (Please initial)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy sent on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher for the Searles Valley Historical Society