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 Newport News, Virginia 23601  
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**Office Use Only:**  
 Date Rec'd: \_\_\_\_\_ LM: \_\_\_\_\_ Intake: \_\_\_\_\_ Dir: \_\_\_\_\_ Or: \_\_\_\_\_ Tr: \_\_\_\_\_  
 Sch'd Dept: \_\_\_\_\_ Job: \_\_\_\_\_ Day: \_\_\_\_\_ Shift: \_\_\_\_\_ Start: \_\_\_\_\_ Sign Out  
 Days: \_\_\_\_\_

## Volunteer Application

### GENERAL INFORMATION

Name: \_\_\_\_\_ Title (Circle One): Mr. Mrs. Miss Ms. Other: \_\_\_\_\_  
Last First MI

**I am (check one):**

- \_\_\_\_\_ an Adult Volunteer (ages 18 and above)
- \_\_\_\_\_ a Jr. Volunteer (ages 15-17; Please attach Teacher Recommendation.)
- \_\_\_\_\_ a Family Volunteer (**ages 11-14 with parent**; please attach parents' application and Teacher Recommendation)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Best time to reach you: \_\_\_\_\_  
 Emergency contact person: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Cell) \_\_\_\_\_

### YOUR BACKGROUND

Current Occupation OR Grade in School (if applicable): \_\_\_\_\_ Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Duties: \_\_\_\_\_  
 My employer offers: \_\_\_\_\_ a Time-Off Program for Volunteers \_\_\_\_\_ A Donation Matching Program  
 Highest Academic Certificate/Degree Earned: \_\_\_\_\_ Date: \_\_\_\_\_ Major: \_\_\_\_\_  
 High School/College: \_\_\_\_\_ Other degrees/certifications: \_\_\_\_\_

### RECORD OF CONVICTION

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No; Date of conviction: \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### TELL US MORE

What do you want to get out of your volunteer experience? \_\_\_\_\_  
 \_\_\_\_\_  
 Are you **required** to serve a minimum number of volunteer hours? \_\_\_ Yes \_\_\_ No; please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 Do you speak a foreign language, or know Sign Language? If so, please specify: \_\_\_\_\_  
 What is your experience dealing and working with the public?  
 \_\_\_\_\_

All positions within the museum require you to work cooperatively with small to large groups of people. Are you comfortable working in a group and around many people, in some cases visitors to the museum? \_\_\_\_\_  
Please explain your answer: \_\_\_\_\_

How did you learn about our volunteer program? (If from a current volunteer, list their name) \_\_\_\_\_

Being a volunteer may require flexibility. Are you interested in learning more than just your scheduled shift and location within the museum? \_\_\_\_\_

Skills and Interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Do you have any health limitations that could affect your volunteer assignment? \_\_\_ Yes \_\_\_ No; If yes, please explain: \_\_\_\_\_

Are you a member of the Virginia Living Museum? \_\_\_ Yes \_\_\_ No

► As listed in the Position Description handout, please list the position(s) for which you would like to volunteer. **Please be specific.** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

**Regular Shifts may range from 9am -1pm and 1pm to 5pm daily. Animal Care is 9am -1pm only, and Horticulture is Tues, Wed, & Thurs AM only. Open Positions may be limited. Please mark your availability to volunteer at the Virginia Living Museum on the chart below:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
__ morning	__ morning	__ morning	__ morning	__ morning	__ morning	__ morning
__ afternoon	__ afternoon	__ afternoon	__ afternoon	__ afternoon	__ afternoon	__ afternoon

## REFERENCES (For applicants 18 and older only)

Please provide us with names of two people whom you have, or recently had, a **professional or business relationship**. These would be people who have knowledge of your work performance (**not** neighbors and friends).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

## PLEASE TAKE NOTE

We at the Virginia Living Museum place high priority on the safety of our volunteers. Please keep in mind that some volunteer positions involve contact with live animals. While the health of our animals is regularly monitored by veterinarians, contact with live animals may carry the possibility of exposure to animal-borne diseases.

## APPLICANT CERTIFICATION

I certify that the above information is complete and true to the best of my knowledge and authorize the Virginia Living Museum to contact employers and references listed above concerning my work experience. I understand that the discovery of any misrepresentation or omission of the facts in this application may be cause for my immediate dismissal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## THE NEXT STEP

Return your completed application to Volunteer Services, Attn: Volunteer Coordinator. All applications are reviewed, and if you are selected for an interview, someone from our department will contact you to set up a time to meet with our staff to help match your skills and interests with our needs. Please allow at least two weeks for a response. Thanks for your interest in the Virginia Living Museum.



## Volunteer Code of Conduct:

Note: volunteers under 18 years of age need the signature of a parent or a guardian at the bottom of this form.

By signing this agreement, I, \_\_\_\_\_, agree to the following:  
(Please print volunteer's name)

- I understand that the goal of volunteering is to engage and educate the public, and my attitudes and actions should always further that goal.
- I agree to work my entire volunteer shift as scheduled, to conduct myself in an appropriate manner, to dress in attire that follows the volunteer dress code, to follow safety procedures, and to be prepared for my shift.
- I understand that if I cannot make a volunteer shift (or any part of a shift), it is important to notify the Volunteer Services Office ahead of time by calling 534-7428.
- During my scheduled volunteer shift, I agree to stay in my designated area, and though I may have friends who are also volunteers at the museum, I understand that while I am at the museum, my focus should be on the visitors.
- I understand that I am responsible for reviewing all materials given to me at Orientation and Trainings.
- I know that I represent the museum, and I promise not to engage in any activity that may cause harm to the museum, others or myself.
- I understand that failing to observe the above pledges will result in disciplinary action and can result in my dismissal from the volunteer program.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature of approval (if volunteer is under 18 years old)

\_\_\_\_\_  
Parent/Guardian Phone Number

Questions?

If so, please contact the Volunteer Coordinator  
(757) 534 – 7472