

# Volunteer Application

Instructions:

1. Please submit your signed application to museum personnel.

## Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Availability

(Circle all that apply)

Weekdays: 10:00-12:00, 12:00-3:00, 3:00-5:00

Saturday: 10:00-12:00, 12:00-3:00, 3:00-5:00

Sunday: 10:00-12:00, 12:00-3:00, 3:00-5:00

Occasional evenings: 5:00-8:00

## Interests

Please indicate the positions of interest (check all that apply):

Gallery Interpreter/Docent

On-call Docent

Museum Store

Special Projects

Exhibits

Resource Room/Research

**Children's programs and activities**

Shenandoah restoration

Marketing/Graphics

Special events

Administrative assistance

On-call Projects

Teaching - Midway Schoolhouse

Living History Program

On-call volunteer

Other

## Resource Room

The Resource Room is currently open to the public and monitored during the following times. Please check your preference.

Thursday 10:00 – 12:00

On-call for appointments

## Collections Care

Check which areas you are interested in volunteering (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Cataloging artifacts      | <input type="checkbox"/> Scanning assistant         |
| <input type="checkbox"/> Cataloging paper material | <input type="checkbox"/> Digital projects assistant |
| <input type="checkbox"/> Data entry                | <input type="checkbox"/> Filing                     |
| <input type="checkbox"/> Photocopying              | <input type="checkbox"/> Artifact labeling          |
| <input type="checkbox"/> Other                     |   |

## Special Skills or Qualifications

Summarize your special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Computer Skills

Check all skills that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Microsoft Word/Works | <input type="checkbox"/> Adobe Photoshop/Illustrator      |
| <input type="checkbox"/> Excel                | <input type="checkbox"/> CoreIDRAW/Paint                  |
| <input type="checkbox"/> Scanning             | <input type="checkbox"/> HTML/Website development, update |
| <input type="checkbox"/> PowerPoint           | <input type="checkbox"/> Other                            |

## Previous Volunteer Experience

Summarize any previous volunteer experience.

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## Please List Two References

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## Work Restrictions or Limitations

Please list any restrictions that might affect your availability for volunteer work. Including: vacations, work schedule, family, or medical restrictions, etc.

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## Emergency Contact (\*Must be updated annually)

*Harbor History Museum Volunteer Application (6/2013)*

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Our Policy

It is the policy of the Harbor History Museum to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you.

Agreement and Signature

By submitting and signing this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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For Internal Use:

Security Clearance: Approved Date: \_\_\_\_\_ Denied: \_\_\_\_\_

Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Change of Status Date (suspension, termination, return): \_\_\_\_\_

Training Dates:

_____	_____
_____	_____
_____	_____
_____	_____

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_