

# Shenandoah Valley Discovery Museum Volunteer Application

Application Date \_\_\_\_\_

Adult Volunteer

Youth Volunteer\*

*\*Youth volunteers must be at least 13 years of age to apply for a volunteer position.*

## Volunteer Position or Positions Sought

\_\_\_\_\_

\_\_\_\_\_

## Availability

\_\_\_\_\_

\_\_\_\_\_

## Basic Information

Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Phone

Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

## Employment

Provide information on your current or most recent employer, if applicable, in the space below:

Position/Title \_\_\_\_\_

Dates of Employment (starting, ending) \_\_\_\_\_

Company/Employer \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special training, skills, hobbies \_\_\_\_\_

\_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

\_\_\_\_\_

**Experience**

Please describe your prior volunteer experience (include organization names and dates of service).

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What experiences have you had that may prepare you to work as a volunteer in the Shenandoah Valley Discovery Museum?

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Why do you want to volunteer here? What do you want to gain from this volunteer experience?

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Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer work.

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**Vehicle**

- Do you have a driver’s license?             Yes             No
- Car Insurance?                                     Yes             No
- Car available for transporting others?     Yes             No

**References** (other than relatives): Please list two people who know you well and can attest to your character, skills and dependability. Include your current or last employer. (For Youth Volunteers, list 2 adults such as teachers, coaches or friend’s parent.)

	<u>Name/ Organization</u>	<u>Relationship to You</u>	<u>Phone</u>	<u>Length of Relationship</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Shenandoah Valley Discovery Museum that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold and information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Shenandoah Valley Discovery Museum. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Shenandoah Valley Discovery Museum or my termination as a volunteer.

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Youth Volunteers

Will you receive school credits for community service hours? Yes \_\_\_\_ No \_\_\_\_

If yes, how many hours are you required to complete?

# Hours \_\_\_\_\_ Date to be completed by \_\_\_\_\_

### Youth Volunteer Agreement

- I will adhere to the schedule established by me and the volunteer manager.
- I will report to my volunteer assignment on time.
- I will respect myself and the museum in a positive manner, and behave in a safe and responsible way.
- I will follow the instructions of my immediate supervisor and observe museum rules.
- I will be at least 13 years old by the start date of my volunteer assignment

Youth Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_