

Office Use Only: Date Rec'd: \_\_\_\_\_

524 J. Clyde Morris Boulevard  
Newport News, Virginia 23601  
Phone: (757) 534-7428  
FAX: (757) 599-4897  
Email: [volunteer@thevlm.org](mailto:volunteer@thevlm.org)



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## Adult Volunteer Application

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### I am (check one):

- Adult Volunteer (ages 18 and above)  
 Family Volunteer: Please attach Junior Volunteer's application(s) (ages 11-14 with adult) and **submit together.**

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

Birthday (M/D/Y) \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

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### EDUCATIONAL BACKGROUND

Highest Academic Certificate / Degree Earned:

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  Attending college;  Associates degree;  Masters;  Doctorate

Undergraduate University: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Graduation Yr: \_\_\_\_\_

Graduate University: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Graduation Yr: \_\_\_\_\_

Other degrees/certifications: \_\_\_\_\_

Professional Skills: \_\_\_\_\_

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### OCCUPATION AND WORK EXPERIENCE

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Job Title / Duties: \_\_\_\_\_

My employer has a corporate volunteer program or offers incentives to volunteer:  Yes  No

Please explain: \_\_\_\_\_

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### TELL US MORE

What qualities can you bring to the VLM to help us meet our mission? \_\_\_\_\_

What prompted you to become involved as a volunteer right now? \_\_\_\_\_

What do you expect to get out of your volunteer experience? \_\_\_\_\_

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Are you **required** to serve a minimum number of volunteer hours for school or otherwise?  Yes; Number of Hours: \_\_\_\_\_  No

Do you speak a foreign language, or know Sign Language?  Yes  No

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 guests at the museum?

Please elaborate: \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

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

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

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

Have you ever worked or volunteered at the Virginia Living Museum before? Yes  No

If yes: when, and in what capacity? \_\_\_\_\_

As listed in the **Opportunity Directory online**, please list the position(s) for which you would like to volunteer in the order of MOST interested. **List specific positions.**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Regular Shifts may range from 9am -to 5pm daily. After hours opportunities are occasionally available. 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 below (circle all that apply):**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

**REFERENCES**

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, friends or family).

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

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

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

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

**STATEMENT ON HEALTH AND SAFETY**

The Virginia Living Museum places high priority on the safety of our animals, as well as our volunteers. Please keep in mind that some volunteer positions involve contact with live animals. We take care to limit exposure to diseases caused by infectious agents that can be transmitted between (or are shared by) animals and humans. 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. Similarly, please be aware some pre-existing human health conditions may limit placement in certain positions.

Do you have health limitations that could affect your volunteer assignment (allergies, sensitivities, medical conditions, etc.)?

Yes  No If yes; please explain: \_\_\_\_\_

**APPLICANT CERTIFICATION AND AGREEMENT**

All volunteers as part of their volunteer role may be photographed/videotaped performing their tasks at any time. Virginia Living Museum volunteers are active promoters and representatives for the Museum and therefore, agree to any photography/videography of their person while performing volunteer service.

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.



## 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 museum guests, 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 be honest, 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/training (or any part of a shift/training), it is important to notify the Volunteer Services Office ahead of time ( 24 – 48 hours notice) by calling (757) 534-7428, emailing [volunteer@thevlm.org](mailto:volunteer@thevlm.org) or signing out via the volunteer online portal.
- During my scheduled volunteer shift, I agree to follow directions given by staff, 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 guests.
- I understand that I am responsible for reviewing all materials given to me at my interview, Orientation and trainings if accepted in to the program.
- I know that I represent the museum, and I promise not to engage in any activity that may cause harm to the animals, museum, others and/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

- I have read the above and give my child permission to volunteer. Furthermore, I acknowledge my commitment and agree to provide the support necessary to ensure his/her success.