

524 J. Clyde Morris Blvd.  
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Phone: (757) 534-7428  
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Office Use Only: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

### Junior Volunteer Application (Ages 11-17)

I am (check one): \_\_\_\_\_ Junior Volunteer (ages 15 - 17)  
\_\_\_\_\_ Family Volunteer: (ages 11-14 with adult) **Please attach Adult Volunteer's application and submit together.**

\_\_\_\_\_ Name of Adult Volunteer  
Your Name: \_\_\_\_\_  Miss  Mr. Age: \_\_\_\_\_ Birthday (M/D/Y): \_\_\_\_\_  
Last First MI

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

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

Name of Parents/Guardians: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Circle one: Parent, Guardian, Other \_\_\_\_\_

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

Do you have any health limitations that could affect your volunteer assignment? (allergies, medical conditions, etc) Yes  No

If yes; please explain: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

What qualities do you possess that would make you a good volunteer? \_\_\_\_\_

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

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

Special Achievements/Awards: \_\_\_\_\_

Extracurricular Activities/Interests/Hobbies: \_\_\_\_\_

Previous paid/volunteer experience: \_\_\_\_\_

Any other experience dealing with the public: \_\_\_\_\_

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

As listed in the position descriptions, please list the position(s) for which you would like to volunteer;  
in order of **MOST** interested. **Please be specific.**

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

**\*\*Please mark you availability to volunteer at the Virginia Living Museum on the chart below. The museum is open 9-5 daily.**

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

### Parent/Guardian Permission

I have read my son/daughter \_\_\_\_\_'s completed application and he/she has my permission and support to participate as a  
volunteer at the Virginia Living Museum.

Junior Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 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 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 protocols 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. I recognize that the VLM is not responsible for my child beyond the hours they are scheduled and that the VLM's responsibility is limited to my child's assigned tasks; further the museum reserves the right to send a JV home for not behaving according to our policies and procedures.