

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



Office Use Only: Date Rec'd: _____ Dir: _____

Adult Volunteer Application

I am (check one):

_____ Adult Volunteer (ages 18 and above)

_____ Family Volunteer: Please attach Junior Volunteer's application(s) (ages 11-14 with parent) and submit together.

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

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: _____

WORK / SCHOOL 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: _____

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 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 to the museum?

Please explain: _____

How did you learn about our volunteer program? Be Specific: _____

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 ☐

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 Position Description handout, please list the position(s) for which you would like to volunteer in the order of MOST interested. **Please be specific.**

(1) _____ (2) _____ (3) _____

Regular Shifts may range from 9am -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:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 -11:00 am							
11:00 - 1:00 pm							
1:00 – 3:00 pm							
3:00 – 5:00 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: _____

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: _____



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 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 me.

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.