524 J. Clyde Morris Blvd. Newport News, VA 23601

Phone: (757) 534-7428 E-mail: <u>volunteer@thevlm.org</u>

OVIRGINIA VIIII A	
museum	
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9:00 -11:00 am 11:00 - 1:00 pm 1:00 - 3:00 pm 3:00 - 5:00 pm Parent/Guardian Permission I have read my son/daughter			Office U	Jse Only:	Date Rec'd:				Ç.	
Family Volunteer: Please attach Adult Volunteer's application(s) (ages 11-14 with parent) and submit together. Jame:			Juni	or Voluntee	er Applicat	ion (Ages 11	-17)			
Las	am (check one):	Junior Vo	olunteer (ages 15 -	17)						
tote the process of t	_	Family V	olunteer: Please at	tach Adult Vo	olunteer's app	olication(s) (a	ges 11-14 with pa	rent) and submit	together.	
Address: City: State: Zip: hone: (H): Email: State of Parents Guardians: Circle one: Parent, Guardian, Other hone: (H): (Cell): Email: State of Parents Guardians: Circle one: Parent, Guardian, Other hone: (H) (W) (Cell) Email: Circle one: Parent, Guardian, Other hone: (H) (W) (Cell) Email: Circle one: Parent, Guardian, Other hone: (H) (W) (Cell) Email: Circle one: Parent, Guardian, Other hone: (H) (W) (Cell) Email: Circle one: Parent, Guardian, Other hone: (H) (W) (Cell) Email: Circle one: Parent, Guardian, Other hone: (H) (W) (Cell) Email: Circle one: Parent, Guardian, Other E	Name:					□ Miss □ M	Ir. Age:	_ Birthday (M/D/	Y):	
thone: (H): (Cell): Email:										
fame of Parents/Guardians: Imergency Contact:										
Circle one: Parent, Guardian, Other hone: (H)										
o you have any health limitations that could affect your volunteer assignment? Yes No If yes; please explain: Current Grade:	ame of Parents/Gua	ardians:								
to you have any health limitations that could affect your volunteer assignment? Yes		ct:						, , , , , , , , , , , , , , , , , , , ,		
chool:	hone: (H)		(W)		_ (Cell)		_ Email:			
As listed in the Position Description handout, please list the position(s) for which you would like to volunteer; in order of MOST interested. Please be specific. (1) (2) (3) (3) *Please mark you availability to volunteer at the Virginia Living Museum on the chart below: Sunday Monday Tuesday Wednesday Thursday Friday Sature 11:00 - 1:00 pm 11:00 - 3:00 pm 13:00 - 5:00 pm 13:00 - 5:00 pm 13:00 - 5:00 pm 14:00 Applicant Signature: 's completed application and he/she has my permission and support to participat volunteer at the Virginia Living Museum.	are you required to	serve a minimu	um number of volu	nteer hours for	r school or o	therwise? Yes	□ Number of H	ours:N		
revious paid/volunteer experience:										
As listed in the Position Description handout, please list the position(s) for which you would like to volunteer; in order of MOST interested. Please be specific. (1) (2) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4										
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have read my son/daughter''s completed application and he/she has my permission and support to participat volunteer at the Virginia Living Museum. Date:	3:00 – 5:00 pm									
volunteer at the Virginia Living Museum. unior Applicant Signature: Date:			<u></u>	Parent/Gu	ıardian P	ermission				
unior Applicant Signature: Date:	have read my son/c	laughter						ission and support	to participate a	
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arent/Guardian Signature: Date:	arent/Guardian S	Signature:						Date:		



, agree to the following:

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,

(Please print volunteer's name)	
• I understand that the goal of volunteering is to engage and educ should always further that goal.	cate the public, and my attitudes and actions
 I agree to work my entire volunteer shift as scheduled, to condu honest, to dress in attire that follows the volunteer dress code, t prepared for my shift. 	• • • • • • • • • • • • • • • • • • • •
• I understand that if I cannot make a volunteer shift/training (or notify the Volunteer Services Office ahead of time (24 – 48 ho emailing volunteer@thevlm.org or signing out via the voluntee	ours notice) by calling (757)534-7428,
 During my scheduled volunteer shift, I agree to follow direction and though I may have friends who are also volunteers at the m museum, my focus should be on the guests. 	
• I understand that I am responsible for reviewing <u>all</u> materials generating if accepted in to the program.	iven to me at my interview, Orientation and
• I know that I represent the museum, and I promise not to engag animals, museum, others and/or myself.	ge in any activity that may cause harm to the
I understand that failing to observe the above protocols can result in my dismissal from the v	= -
Volunteer Signature	
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.