



Local History. World Events.

Volunteer application

Full Name:						Date:	
Address:					Apartment/Unit #		
City				State		ZIP Code	
Phone:	()			E-mail Address:			
Date of birth:		Emergency contact:		Emergency phone number:			

Spouse's name: _____

Position Applied for:					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the federal government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been arrested or charged with a crime involving a child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

Explain all yes answers for felonies and crimes involving children:

Education

High School:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
College:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:

References

Please list three professional references.

Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Full Name:		Relationship:	
Company:		Phone:	()
Address:			
Full Name:		Relationship:	
Company:		Phone:	()
Address:			

Previous Employment

Company:		Phone:	()
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company:		Phone:	()
Address:		Supervisor:	
Job Title:			
Responsibilities:			
From:		To:	
Reason for Leaving:			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Branch of service:		From:		To:	
Rate and Rank:		Type of Discharge:			
If other than honorable, explain:					

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge and that intentionally false or misleading information in my application or interview may result in my being charged and or prosecuted for perjury.

Information on this application is used for the determination of your employment as a volunteer for our museum. All information contained is governed by the privacy act statement of 1974.

Signature:		Date:	
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VOLUNTEER QUESTIONNAIRE

1. What aspects of the HRNM/*Wisconsin* Volunteer program are you interested?

<input type="checkbox"/> Greeting people	<input type="checkbox"/> Assisting with exhibits
<input type="checkbox"/> Giving tours HRNM/ <i>Wisconsin</i>	<input type="checkbox"/> Light clerical duties
<input type="checkbox"/> On station answering questions	<input type="checkbox"/> Library functions
<input type="checkbox"/> Volunteer News Letter	<input type="checkbox"/> Research
<input type="checkbox"/> Other	
2. What skills do you have in the following areas?

Computers _____

Graphics/Artist _____

Do you like to: act _____ write? _____

Do you like to do research? _____

Is there something not mentioned that you could do?

3. When are you available? (Minimum is two days per month).

Monday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
Tuesday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
Wednesday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
Thursday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
Friday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
Saturday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
Sunday	<input type="checkbox"/> morning	<input type="checkbox"/> afternoon
4. Are there historical areas that you are particularly interested?

<input type="checkbox"/> Jamestown Exposition	<input type="checkbox"/> World War II
<input type="checkbox"/> Revolution	<input type="checkbox"/> Modern Navy
<input type="checkbox"/> Civil War	<input type="checkbox"/> Other
<input type="checkbox"/> World War I	
5. Please indicate your tour preference.

<input type="checkbox"/> Elementary school	<input type="checkbox"/> Military
<input type="checkbox"/> Middle school	<input type="checkbox"/> Families
<input type="checkbox"/> Secondary school	<input type="checkbox"/> Veterans
<input type="checkbox"/> Senior citizens	<input type="checkbox"/> Other

**Please return your application to:
Hampton Roads Naval Museum
One Waterside Drive, Suite 248
Norfolk, Virginia 23510-1607
Attention- Tom Dandes**