



VIRGINIA HISTORICAL SOCIETY VOLUNTEER APPLICATION

*Complete and return to the Volunteer Coordinator, Virginia Historical Society, P. O. Box 7311,
Richmond, Virginia 23221*

Applications are accepted at all times but assignments are made only as the need arises.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: (H) _____ (W) _____

BEST TIME TO CALL: _____

E-MAIL: _____

BIRTHDAY (MONTH AND DAY ONLY): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____ PHONE: _____

PLEASE LIST ANY MEDICAL RESTRICTIONS OR REQUIREMENTS:

EDUCATION

SCHOOL: _____ MAJOR: _____

DEGREE EARNED: _____

SCHOOL: _____ MAJOR: _____

DEGREE EARNED: _____

VOLUNTEER EXPERIENCE

ORGANIZATION: _____ DATES OF SERVICE: _____

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INTERESTS

PLEASE NOTE IN WHAT AREA OF THE MUSEUM YOU WOULD LIKE TO VOLUNTEER AND WHY:

PLEASE LIST ANY SPECIAL SKILLS THAT OUR ORGANIZATION MAY FIND HELPFUL: (Ex. Computer Knowledge, Data Entry, Clerical, Gardening, Retail Sales, Etc.)

AVAILABILITY

Volunteer opportunities are available Monday-Friday between the hours of 10:00 AM-5:00 PM.

DAYS AND TIMES AVAILABLE (PLEASE CHECK ONE OR MORE):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					

ASSIGNMENT PREFERENCE (PLEASE CHECK ONE OR MORE):

_____ WEEKLY _____ 1-4 DAYS PER MONTH _____ ON CALL/SPECIAL EVENTS

PLEASE CHECK ONE OF THE FOLLOWING:

_____ I UNDERSTAND THAT APPLICATIONS ARE REVIEWED BY STAFF ON A MONTHLY BASIS AND THAT MY APPLICATION WILL REMAIN ACTIVE FOR A ONE YEAR PERIOD.

_____ I AM ONLY AVAILABLE FOR A SPECIFIC TIME PERIOD. PLEASE LIST DATES YOU ARE AVAILABLE:

I WOULD LIKE TO OFFER MY TIME AS A VOLUNTEER STAFF MEMBER AT THE VIRGINIA HISTORICAL SOCIETY. I UNDERSTAND THAT THIS IS AN INQUIRY AND THAT PLACEMENT IS SUBJECT TO PERSONAL INTERVIEW AND A MUTUAL AGREEMENT IN REGARD TO PLACEMENT.

SIGNATURE

DATE