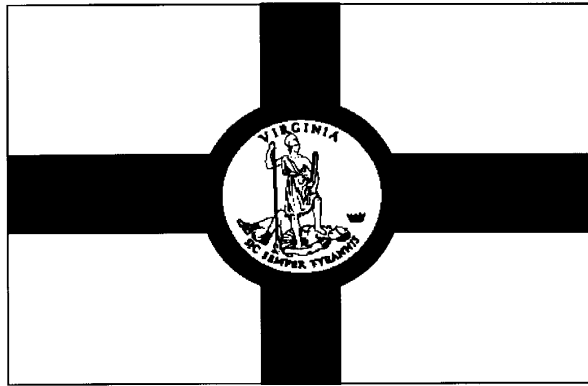


Name			
	Last	First	MI
Phone ()	()	()	
	Home		Cell



JAMESTOWN-YORKTOWN FOUNDATION
OFFICE OF VOLUNTEER SERVICES

P.O. Box 1607, Williamsburg, Virginia 23187-1607
757-253-4034/4032

Volunteer Application



Revised 01/2020

Volunteer Application

Thank you for your interest in volunteering at the Jamestown-Yorktown Foundation. Applicants shall be afforded equal opportunity in all aspects of volunteerism without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. In order for us to better identify the assignments and places you might enjoy working, please provide us with the following information. Volunteers serve at the discretion of the Jamestown-Yorktown Foundation. Volunteer placement is conditional based on the mutual needs of the organization and the availability of the volunteer as well as successful completion of a criminal history background check.

Print in ink or type

PERSONAL INFORMATION

Full Legal Name _____
Last First M.I.

Name I prefer to be called _____ Date of Birth: _____

Address _____
Street

City _____ State _____ Zip code _____

Phone numbers: () - _____ () - _____
Phone Number Home Office Cell Phone Number Home Office Cell

Email address: _____

ADDITIONAL INFORMATION

Ethnicity: _____ Any Allergies: _____

T-Shirt/Polo Shirt Size: _____ Jacket Size (Note: Men or Women's Size): _____

IN CASE OF EMERGENCY

Name: _____

Phone numbers: () - _____ () - _____
Phone Number Home Office Cell Phone Number Home Office Cell

FOR OUR RECORDS

Where did you hear about volunteering at the Jamestown-Yorktown Foundation? (JYF)

- Museum Visit Website Volunteer Fair Newspaper
- Paid or Volunteer JYF Staff (Name of person making referral) _____
- Historic Triangle Transfer Other

VOLUNTEER TALENT/INTEREST PROFILE

Volunteer position in which you are interested (if known –if multiple list in order of preference): _____

Completion of the following will assist us in identifying a particular position for you.

VOLUNTEER INTEREST

What type of opportunity interests you? Check all that apply.

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Working with the general public | <input type="checkbox"/> Working behind the scenes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> In costume | <input type="checkbox"/> Working independently | _____ |
| <input type="checkbox"/> In modern clothes | <input type="checkbox"/> Working as part of a team | _____ |

VOLUNTEER TALENT/PROFILE

Check all categories for which you have a special talent or interest.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Public relations | <input type="checkbox"/> Sewing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Cooking | <input type="checkbox"/> Retail sales | <input type="checkbox"/> Research |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Information systems | <input type="checkbox"/> Teaching | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Training | <input type="checkbox"/> Finance | <input type="checkbox"/> Administrative skills | <input type="checkbox"/> Audiovisual |
| <input type="checkbox"/> Sailing | <input type="checkbox"/> 17 th century history | <input type="checkbox"/> Military background | <input type="checkbox"/> 18 th century history |

EDUCATION

Are you currently a student? Yes No If yes: _____

School	Degree Expected	Date
--------	-----------------	------

Please list other education completed even if not a current student:

EXPERIENCE

Have you ever worked in a museum setting? Yes No If yes, please describe below:

Please briefly describe other work or volunteer experience:

AVAILABILITY

Date you are available to begin: _____ Total hours per week willing to volunteer: _____

How often are you able to volunteer? Daily Weekly Monthly Varies Other:

Please enter the days and times you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

REFERENCES:

Please list three names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

LICENSURE:

License (to include driver's), certificate or other authorization to practice a trade or profession.

Type License Number Expiration Date Granted by (licensing board)

Are you willing to provide your own transportation if necessary for your consideration as a volunteer? Yes No

Have you ever been convicted* of a law violation(s), including moving traffic violations? Yes No

If YES, please provide the following:

Description of offense:

Statute or ordinance (if known): _____ Date of charge: _____ Date of conviction: _____

County, City, State of

Conviction: _____

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

As required by VA Code §22.1-296.1-C, I hereby certify that I have never been convicted of a felony or any offense involving the sexual molestation or physical or sexual abuse or rape of a child; and (ii) I have never been convicted of a crime of moral turpitude.

Signature: _____ Date: _____

While volunteering my services at the Jamestown-Yorktown Foundation, I hereby consent to the use of visual images taken of me at Jamestown Settlement or the American Revolution Museum at Yorktown by the Commonwealth of Virginia, the Jamestown-Yorktown Foundation, the Jamestown-Yorktown Foundation, Inc., the Jamestown-Yorktown Educational Trust, or the officers, agents, successors, assigns, or licensees of any of those entities and 2019 Commemoration, Inc. for the purpose of trade, media relations and/or for advertising, promoting, recording, offering the benefits of, or teaching about the facilities or services of the Commonwealth of Virginia, Jamestown-Yorktown Foundation, Jamestown-Yorktown Foundation, Inc., Jamestown-Yorktown Educational Trust or 2019 Commemoration, Inc. including but not limited to Jamestown Settlement and the American Revolution Museum at Yorktown.

I need not inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

Signature: _____ Date: _____

I agree to refer all print and electronic media (newspapers, newsletters, magazines, books, television, radio, videos, CDs, Internet) requests and inquiries relating to the Jamestown-Yorktown Foundation and access to its property to the media relations office (757) 253-4175 or 757-253-4114), directly or through my supervisor, and acknowledge that only media relations staff may initiate such contact.

Signature: _____ Date: _____

I understand that if accepted as a core volunteer of the Jamestown-Yorktown Foundation, I will be provided with the orientation and training necessary for safe and responsible performance and a copy of the volunteer position description. I will be expected to meet all the requirements of this description including regular attendance and adherence to all agency policies and procedures. I will perform the specified duties to the best of my ability.

Signature: _____ Date: _____

I hereby certify that all entries on this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any rights as a volunteer in the service of Jamestown-Yorktown Foundation. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers (professional or volunteer) and educational institutions listed being contacted regarding this application. I further authorize Jamestown-Yorktown Foundation to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Signature: _____ Date: _____

IF VOLUNTEER IS UNDER 18 YEARS OF AGE, THE PARENT OR GUARDIAN MUST SIGN BELOW.
I affirm that I am the parent/guardian of the above named volunteer. I have read all of the preceding information and consent to their participation.

Name (print) _____

Signature of Parent/Guardian _____ Date: _____