



Virginia Museum of  
**NATURAL HISTORY**

IN ASSOCIATION WITH THE SMITHSONIAN INSTITUTION

## Volunteer Application

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Educational Background:

Name	Location	Level Completed	Degree
High School: _____			
College or University: _____			
Graduate Study: _____			

### Employment Information:

#### Current Occupation:

Employer \_\_\_\_\_ Position \_\_\_\_\_

#### Past Employment:

	Employer	Position	Years of Service
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

### Emergency Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Special Training (CPR, Business, Trade, etc.): \_\_\_\_\_

Fluent in any foreign languages? \_\_\_\_\_

### References: (List three persons not related to you who know your qualifications)

Name	Address	Phone	Relationship
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before 18 years old, which were finally adjudicated in a Juvenile Court or under a youth offender law?

\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please explain \_\_\_\_\_

(All applications may be subject to background check)

**General Questions:**

**1. Hobbies and Areas of General Interest.**

---

---

**2. Do you have previous volunteer experience?**

---

---

**3. Indicate your reasons why you want to volunteer in Virginia Museum of Natural History.**

---

---

---

**4. How did you learn about our volunteer program?(online, friends, etc.)**

---

**Availability:**

<b>Time</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
<b>Morning</b>							
<b>Afternoon</b>							

**When can you start?** \_\_\_\_\_

**How many times would you like to volunteer per week?** \_\_\_\_\_

**Preferred Type of Volunteer:**

<b>Work</b>	<b>Education/ Tour Guide</b>	<b>Exhibits/Marketing</b>	<b>Office/Mailings</b>	<b>Gift Shop/ Cafe</b>	<b>Special Events</b>
<b>1<sup>st</sup> Choice</b>					
<b>2<sup>nd</sup> Choice</b>					
<b>3<sup>rd</sup> Choice</b>					

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Please fill in all of the requested information and return by fax to (276) 634-4199 or mail to:  
Volunteer Office, Virginia Museum of Natural History, 21 Starling Ave., Martinsville, VA, 24112*

*If you have any questions or comments concerning volunteering please contact  
Diane Clark, Visitor Services Manager at (276) 634-4147 or by email at [diane.clark@vmnh.virginia.gov](mailto:diane.clark@vmnh.virginia.gov)*

**Office Use Only**

**Supervisor:** \_\_\_\_\_

**Assigned Duties:** \_\_\_\_\_