

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. 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 which may be completed at the discretion of the agency.

PLEASE PRINT CLEARLY 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: _____
Preferred Phone Number: Home Office Cell Phone Number: Home Office Cell

Email address: _____

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: _____

EXPERIENCE – *Required, if receiving service hour credit for the weekend.

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

*Please briefly describe other work or volunteer experience, if receiving community service hours, college or high school credit.:

VOLUNTEER PROFILE

EDUCATION – *Required if you are receiving college or high school service hour credits.

Are you currently a student? Yes No

If yes:

School	Degree Expected	Date
Please list other education completed:		

LICENSURE – * Requested if parking vehicle on JYF property during event.

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

Type (Driver's, Educational, etc.)	License Number	Expiration Date	Granted by (State/Licensing Board)

* License Plate Number Vehicle Make Vehicle Model Vehicle Color

*** Requested if parking vehicle on JYF property during event.**

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.

Military Through the Ages

Volunteer Application

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 the Jamestown Settlement or the American Revolution Museum at Yorktown by the Commonwealth of Virginia, The Jamestown-Yorktown Foundation, the Jamestown-Yorktown Educational Trust, or the officers, successors, assigns, or licensees of any of those entities, for the purpose of trade or advertising, promoting, recording, offering the benefits of, or teaching about the facilities or services of the Commonwealth of Virginia, Jamestown-Yorktown Foundation or Jamestown-Yorktown Educational Trust, 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 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 requests for 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 (Please PRINT): _____

Signature of Parent/Guardian _____ Date: _____