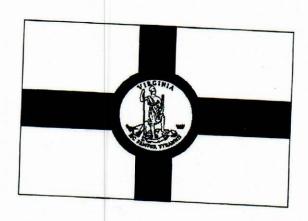
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JAMESTOWN-YORKTOWN FOUNDATION

OFFICE OF VOLUNTEER SERVICES

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

Military Through the Ages (MTA) 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. 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:		
Name I prefer to be called:	First	M.I.
Address:		
Phone numbers:	State:	Zip code:
Preferred Phone Number: Home Office Office	Cell Phone Number:	Iome Office Cell
OR OUR RECORDS		
Museum Visit Website Paid or Volunteer JYF Staff (Name of person maked) Historic Triangle Transfer EXPERIENCE — *Required, if recase you ever worked in a museum setting?	Volunteer Fair Newspains referral): Other: Ceiving service hour credit for	
*Please briefly describe other work or volunteer experienchool credit.:	ence, if receiving community service h	nours, college or high

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 Please list other education completed:		Degree Expected Date
LICENSURE — * Requested if License (to include driver's), certificate or other auth Type (Driver's, Educational, etc.) License Numb Type (Driver's, Educational, etc.) License Numb * License Plate Number * Requested if parking vehicle on JYF property Are you willing to provide your own transportation if Have you ever been convicted* of a law violation(s), if YES, please provide the following — Description of offense:	er Expiration Date Expiration Date Expiration Date Vehicle Model y during event. necessary for your considerar	Granted by (State/Licensing Board) Granted by (State/Licensing Board) Vehicle Color
Statute or ordinance (if known):	Date of charge:	Date of conviction:
County, City, State of Conviction:		
Convictions include Virginia juvenile adjudications for Capital Murder, Figure (14) to eighteen (18) when charged	rst and Second Degree Murday I.	

*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

in pitude.	reby certify that I have never been convicted of a felony or any ysical or sexual abuse or rape of a child; and (ii) I have never been
Signature:	
While volunteering	Date:
the officers, successors, assigns, or licensees of promoting, recording, offering the benefits of, of Virginia, Jamestown-Yorktown Foundation or Jamestown Settlement and the American Revolution	wn-Yorktown Foundation, I hereby consent to the use of visual and or the American Revolution Museum at Yorktown by the orktown Foundation, the Jamestown-Yorktown Educational Trust, any of those entities, for the purpose of trade or advertising, or teaching about the facilities or services of the Commonwealth of the amestown-Yorktown Educational Trust, including but not limited to the purpose of the Commonwealth of the comm
therewith or the use to which it may be applied.	ct or the advertising or other copy that may be used in connection
Signature:	
nat only media relations staff may initiate such o	wspapers, newsletters, magazines, books, television, radio, videos, the Jamestown-Yorktown Foundation and access to its property to contact.
	Date:
dherence to all agency policies and procedures.	Jamestown-Yorktown Foundation, I will be provided with the sponsible performance and a copy of the volunteer position uirements of this description including regular attendance and I will perform the specified duties to the best of my ability.
subject to verification and I consent to criminal ferences and former employers (professional or very garding this application. I further authorize James y information received from such contacts. Informer agencies, nongovernmental organizations or stermined by the agency head or designee.	are true and complete, and I agree and understand that any me of discovery, may cause forfeiture on my part to any rights as Foundation. I understand that all information on this application history background checks. I also consent to requests for colunteer) and educational institutions listed being contacted estown-Yorktown Foundation to rely upon and use, as it sees fit, rmation contained on this application may be disseminated to systems on a need-to-know basis for good cause shown as
gnature:	
VOLUNTEER IS UNDER 18 YEARS OF AGE firm that I am the parent/guardian of the above in a consent to their participation.	THE PARENT OR GUARDIAN MUST SIGN BELOW. named volunteer. I have read all of the preceding information
me (Please PRINT):	
nature of Parent/Guardian	Date: