



The Valentine Richmond History Center VOLUNTEER APPLICATION

*Complete and return to the Assistant Director of Education, Valentine Richmond History Center,
1015 East Clay Street, Richmond, Virginia 23219*

*Applications are accepted at all times, but assignments are made only as the need arises.
If you have any questions, please call the Assistant Director of Education, 649-0711, ext. 317, or
volunteer@richmondhistorycenter.com, Monday through Friday, 8:30 a.m. - 5:00 p.m.*

PLEASE TYPE OR PRINT.

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (H) _____ (W) _____

BIRTHDAY: _____ E-MAIL: _____

EDUCATION

SCHOOL _____ MAJOR _____ DEGREE _____

SCHOOL _____ MAJOR _____ DEGREE _____

EMPLOYMENT

COMPANY _____ POSITION _____

DATES OF EMPLOYMENT _____

COMPANY _____ POSITION _____

DATES OF EMPLOYMENT _____

VOLUNTEER EXPERIENCE

ORGANIZATION _____ DATES OF SERVICE _____

ORGANIZATION _____ DATES OF SERVICE _____

TO BE COMPLETED BY THE VOLUNTEER COORDINATOR

START DATE _____

INACTIVE DATE _____

PLEASE NOTE IN WHAT AREA OF THE MUSEUM YOU WOULD LIKE TO VOLUNTEER AND WHY. PLEASE INCLUDE ANY SKILLS, HOBBIES, SPECIAL TRAINING, OR INTEREST THAT YOU MAY HAVE. (EX. CPR/FIRST AID CERTIFICATION, PHOTOGRAPHY, CALLIGRAPHY, DATA ENTRY, DRAWING, ETC.)

AVAILABILITY

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

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							

ASSIGNMENT PREFERENCE (PLEASE CHECK ONE OR MORE):

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

PLEASE INDICATE THE MAXIMUM HOURS AVAILABLE PER MONTH: _____

I WOULD LIKE TO OFFER MY TIME AS A VOLUNTEER STAFF MEMBER OF THE VALENTINE RICHMOND HISTORY CENTER. I UNDERSTAND THAT THIS IS AN INQUIRY AND THAT PLACEMENT IS SUBJECT TO PERSONAL INTERVIEW, ATTENDANCE AT ORIENTATION AND A MUTUAL AGREEMENT IN REGARD TO PLACEMENT. I UNDERSTAND THAT MY TIME COMMITMENT IS DETERMINED BY THE JOB I CHOOSE AND THAT THE BENEFITS AND EXPERIENCE GAINED FROM VOLUNTEERING AT THE HISTORY CENTER ARE A RESULT THEREOF.

SIGNATURE

PLEASE LIST ANY MEDICAL RESTRICTIONS, REQUIREMENTS, OR ALLERGIES:

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP _____

PHONE: (DAY) _____ (EVENING) _____