



The Valentine VOLUNTEER APPLICATION

Complete and return to the Volunteer Coordinator at the Valentine,
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 Retail and Visitor Services Manager, 649-0711, ext. 360, or
volunteer@richmondhistorycenter.com, Monday through Friday, 9:00 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

C:\Users\mday\AppData\Local\Microsoft\Windows\Temporary Internet

Files\Content.Outlook\V0RMT3GN\Volunteer Application 2015.doc

Updated: 04/23/2015



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. 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 VALENTINE ARE A RESULT THEREOF.

SIGNATURE

 PLEASE LIST ANY MEDICAL RESTRICTIONS, REQUIREMENTS, OR ALLERGIES:

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP _____

PHONE: (DAY) _____ (EVENING) _____