

**Newport News Historic Services Volunteer Application Form**

**Submit Completed Form: nnhistoricsites@nnva.gov**

|  |  |
| --- | --- |
| Name: | Date: |
| Street Address: | Primary Phone Number: |
| City/State/Zip | Secondary Phone Number: |
| Email Address: | Date of Birth (must be 16 or older) |

**Education**

|  |  |
| --- | --- |
| **C** Check if current student \_\_\_\_\_\_\_ | **C**  Grade/College Level |
| **H** High School (circle highest grade completed)  9 9 10 11 12 | **C** College/University (circle highest year completed)  **1** 1 2 3 4 |
| **Gogra** G Graduate Education List Foreign Languages you are proficient in  Masters Doctorate Post-Doctorate | |

**Work History**

Are you currently \_\_\_Employed \_\_\_Unemployed \_\_\_Student \_\_\_Retired

|  |  |
| --- | --- |
| Most Recent Employer | Start & End Date Position Title |

Military Service \_\_\_Y \_\_N Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Experience**

|  |  |  |
| --- | --- | --- |
| Organization | Start & End Date | Duties |
| Organization | Start & End Date | Duties: |

**Describe any hobbies, interests, or special skills:**

**Hours Available**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Times Available |  |  |  |  |  |  |  |

How many times a month? \_\_\_\_\_

**Areas of Interest:** \_\_\_ Tour Guide \_\_\_ Programs/Events \_\_\_Collections Management

\_\_Office Assistance \_\_\_Historical Research \_\_\_\_Visitor Services

**Site(s) of Interest: \_\_\_** Historic House Museum \_\_\_\_Lee Hall Depot \_\_\_Virginia War Museum

**Emergency Information**

Do you have any physical conditions that staff should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

|  |  |
| --- | --- |
| Name: | **Relationship:** |
| **Primary Phone:** | **Secondary Phone:** |

**References (Other than Family Members)**

|  |  |
| --- | --- |
| Name: | Relationship: |
| Address: | Phone Number: |

|  |  |
| --- | --- |
| Name: | Relationship: |
| Address: | Phone Number: |

Do you have any criminal convictions other than parking violations and/or juvenile offenses? **Y / N**

***A background check may be required.***

If “Yes” please summarize charge, date of offense, and place charges were issued.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that I am not an employee of the City of Newport News and that any duties I perform are strictly in a volunteer capacity. I agree to abide by the procedures set by Historic Sites’ staff for my assigned work duties. I also understand it is my responsibility to update any address, emergency contact, or other change in information on this form. By my signature, I authorize the City of Newport News Parks, Recreation and Tourism to conduct a background check of my driving and criminal records.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

***If under 18 years of age you must have a legal guardian sign below.***