

VOLUNTEER APPLICATION



Name: _____
Last First M.I.

Address: _____
Street Address City State Zip

Day Phone Number: _____ Evening Phone Number: _____

E-mail: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____ Phone # _____
Emergency Contact: _____ Relationship: _____ Phone # _____

Why are you interested in becoming an NMCWM volunteer? _____

Professional background: _____

Skills, training, experience and education you have that will enhance your role as a Museum volunteer: _____

Previous or present volunteer activities: _____

References:
1. _____
2. _____
3. _____

In the area below please put a check mark next to the following areas you would be interested in helping the Museum:

- Greeter/ exhibit interpreter/ roving interpreter (These positions usually require a weekly/ by-weekly schedule)
- Tour Guide.
- Giving lectures to groups as part of Museum outreaches or Museum tours.
- Researching historical information and working on writing projects.
- Clerical Work
- Computer Support
- Interpreting the Museum at outreaches
- Other. If other is checked please specify: _____

Are you presently employed? Yes No If yes, hours per week: _____
Employer: _____ Phone Number: _____
Your duties at this job: _____

Site (circle all that apply):

Main Museum, Frederick, MD Pry House, Antietam NB Clara Barton Office, Washington, D.C.

Available to volunteer regularly each week? Yes No Hours available per week: _____

Availability (circle all that apply):

Mondays Tuesdays Wednesdays Thursdays
 Fridays Saturdays Sundays

Mornings (10:00am - 1:00pm) Afternoons (1:00 pm - 5:00 pm) Evenings (as needed)

Year-round Summer only Winter only

Do you have any physical limitations that will affect the type of volunteer work you do? Yes No
If yes, please explain: _____

How were you referred to the Museum? _____

Additional information and/or comments: _____

*After filling out this form in its **entirety** please send it to the address below. After receiving and reviewing your application you may be contacted by the Museum for an interview.*

By my signature, I authorize the NMCWM to conduct necessary basic background checks and background checks for working with children. I understand that filling out this application does not guarantee me a volunteer position at the NMCWM and that this is one step in the process of becoming a volunteer. If brought on in a volunteer capacity, I understand that the NMCWM reserves the right to terminate my volunteer status at any time. I also understand that it is my responsibility to update any address, emergency, or other changes to the information on this application.

Signature: _____ Date: _____

Please return this application to:

National Museum of Civil War Medicine
Attn: Human Resources
P.O. Box 470
Frederick, MD 21705

For more information call: 301-695-1864, ext. 11