

The Old Coast Guard Station

P.O. Box 1035
Virginia Beach, VA 23451

(757) 422-1587
OldCoastGuardStation.com



Volunteer Application

Applicant Information

Name:

Address:

Birthday (Mo/Da):

Home Phone:

Cell phone:

e-mail address:

Best way to contact you:

Background/Experience

Employed

Employer/School:

Unemployed

Occupation/Major:

Student

How long have you lived in Virginia Beach/Hampton Roads?

Retired

How did you learn about our volunteer program?

Are you able to walk or stand for extended periods and help lift objects up to 50lbs?

Yes No If no, please explain:

Have you ever been convicted of a criminal offense other than minor traffic violations?

Yes No If yes, please explain:

Would you be willing to undergo a background check?

Yes No If no, please explain:

What other organizations have you volunteered for? Please include dates and duties.

References *(Please list two references other than family members)*

Name:

Address:

e-mail address:

Phone:

Relationship:

Years known:

Name:

Address:

e-mail address:

Phone:

Relationship:

Years known:

Volunteer Preferences

- Museum Store Ambassador
- Museum Guide
- Team Party

Schedule

Please indicate when you prefer to work. If you are flexible, please check all that apply. Note that the Museum is open 10am-5pm Tuesday-Saturday (open Mondays Memorial Day through Labor Day), 12-5pm Sunday.

- Mornings (10am-1:30pm)
- Afternoons (1:30-5pm)
- Weekends
- Evenings

How many hours per week/month?

Skills

What are some skills or hobbies you might share?

Languages other than English?

What do you hope to gain from your volunteer experience?

Please describe you experience dealing and working with the public:

I understand that I am not an employee of the Old Coast Guard Station, (OCGS) and any duties that I perform are in a volunteer capacity. I certify that the information provided on this application is true and complete to the best of my knowledge. Furthermore, I understand that misrepresentation, falsification, or omission of information may disqualify my application or may result in my termination as a volunteer at OCGS. I also understand that it is my responsibility to provide OCGS with ongoing updates of any changes to this information.

If accepted as a volunteer, I understand that I must abide by all the policies, rules, and regulations set forth and observed by OCGS. By my signature below, I authorize OCGS to conduct a background check of my criminal record and to contact references on this form.

Applicant Signature **Date**

Parent/Guardian Signature (if under 18) **Date**