

CENTRAL COAST VETERANS MEMORIAL MUSEUM

VOLUNTEER/STAFF APPLICATION

Thank you for your interest in becoming a volunteer with the Central Coast Veterans Memorial Museum. Please take a few moments to complete the following application:
(Please print)

NAME: _____ DATE OF BIRTH: _____
Last First M.I.

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE#: _____ CELLPHONE#: _____ EMAIL: _____

MILITARY SERVICE: YES NO _ BRANCH: _____ SERVICE DATES _____

Why do you want to become a volunteer? _____

List language skills other than English: _____

List any other skills you can offer to the Museum. _____

What day(s) are you available? _____

Emergency contact: Name _____ Relationship _____ Phone# _____

Please list any MEDICAL CONCERNS we should know about in the event of an emergency, and the specialist for contact:

Do you have any physical conditions that could affect your volunteer assignment? YES___ NO___

If YES, explain this condition: _____

I certify that the information provided in this volunteer application is correct and complete.

Signature: _____ Date: _____

This application will be reviewed by the Museum Director. You will be contacted by the Museum's Docent Coordinator or by the Director.

For Board Use

Orientation Date: _____ Museum Training Date: _____ Interview Date: _____

Docent Coordinator approval _____ Director approval _____

Security code/alarm training completed date _____ Name badge issue date _____ Shirt issue date _____

Key issue date: _____ Key(s) numbers: _____ Date photo taken : _____

Start date : _____ Docent Handbook issued: _____

Exit date _____ Date of key return _____ Date of shirt return _____

Date of return of other equipment _____ Date code was removed from Security System _____

Name of person accepting returns _____ Date _____

Application filed _____

Comments: _____

