



VSHF Volunteer Program
Volunteer Application

Office Use Only

Rec'd	
Int.	
Dept	
Start	
Term	

I. GENERAL INFORMATION

Name _____

Title Ms. Mrs. Mr. Dr.

Spouse's Name _____

Address _____

City State Zip

Phone H W C

Email Address _____

Date of Birth _____

I am:

an adult volunteer (age 18 & up)

a junior volunteer (ages 15 to 17)

* Please also submit *Teacher Recommendation and Parental Consent* forms.

2. IN CASE OF EMERGENCY

Name _____ Relationship to You _____

Phone H W C

3. BACKGROUND

Current Occupation: _____

Employer: _____

Duties: _____

I am currently a student attending _____
Expected graduation date: _____

Other degrees / certifications: _____

4. SKILLS

	Highly Skilled	Some Experience		Highly Skilled	Some Experience
Academic Research	<input type="checkbox"/>	<input type="checkbox"/>	<i>Computer:</i>		
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Word Processing	<input type="checkbox"/>	<input type="checkbox"/>
Special Events	<input type="checkbox"/>	<input type="checkbox"/>	Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>
Graphic Design	<input type="checkbox"/>	<input type="checkbox"/>	Databases	<input type="checkbox"/>	<input type="checkbox"/>
Writing/Editing	<input type="checkbox"/>	<input type="checkbox"/>	<i>Other:</i>		
Tourism	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Education/Childcare	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<i>Foreign Language:</i>		
Secretarial Work	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other:</i>			_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	Sign Language	<input type="checkbox"/>	<input type="checkbox"/>

5. TELL US MORE

How did you hear about our volunteer program?

- | | |
|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> VSHF website | <input type="checkbox"/> VSHF staff member: _____ |
| <input type="checkbox"/> VOLUNTEER Hampton Roads | <input type="checkbox"/> Another volunteer: _____ |
| <input type="checkbox"/> Volunteer Match | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> www.1800volunteer.org | <input type="checkbox"/> School bulletin |
| <input type="checkbox"/> <i>Virginian-Pilot</i> ad | <input type="checkbox"/> Other: _____ |

Are you a member of Virginia Sports Hall of Fame & Museum? YES NO

Are you required to serve a minimum number of volunteer hours? YES NO

If YES, please explain: _____

Do you have any health limitations that could affect your volunteer assignment? YES NO

If YES, please explain: _____

Do you have previous volunteer experience? YES NO

If YES, please elaborate: _____

What do you hope to get out of volunteering at the Hall of Fame?

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							

Desired Start Date: ____/____/____
Desired End Date: ____/____/____

I would like to volunteer ____ hours per week.
 month.

Placement Preference

(Please number in order of preference, with 1 indicating your first choice and 9 your last choice.)

- | | | |
|--------------------------------|-------------------------|---------------------------------------|
| ___ Volunteer Guide | ___ Classroom Assistant | ___ Team & Birthday Party Coordinator |
| ___ Education Office Assistant | ___ Gift Shop Assistant | ___ Special Events Team |
| ___ Scouts Program Volunteer | ___ Office Assistant | ___ Hall of Fame Programs Team |

6. REFERENCES (For applicants 18 and older only.)

Please list two people, other than relatives, who would be willing to serve as references.

Name: _____ Relationship to You: _____ Phone: _____

Name: _____ Relationship to You: _____ Phone: _____

7. APPLICATION CERTIFICATION

I certify that the above information is complete and true to the best of my knowledge. I authorize the Virginia Sports Hall of Fame & Museum to contact my employer and references listed above. I understand that the discovery of any misrepresentation or omission of facts in this application may be cause for my immediate dismissal.

Signed: _____ Date: _____

8. THE NEXT STEP

Please return your completed application to:

VSHF Volunteer Coordinator
PO Box 370
Portsmouth VA 23705

You will be contacted to schedule a time to meet with our staff to match your skills and interests with our volunteer needs, and to sign you up for orientation and training.

WE LOOK FORWARD TO WORKING WITH YOU!