

Wilton House Museum Volunteer Application

Wilton House Museum
215 South Wilton Road
Richmond, Virginia 23226

Instructions: Please complete to information below and return to Wilton House Museum. Applicants will be contacted about scheduling interviews after the application has been reviewed.

Part A: Contact Information

Full Name (first, middle, last): _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Email Address: _____

Phone: (H) _____ (C) _____

Emergency Contact Person:
(Name and Relation): _____

(Telephone number): _____

Part B: Education and Experience

High School: _____

University/College: _____ Major: _____ Degree: _____

Employer: _____ Position: _____

Phone: _____ May we Contact: Y or N

Employer: _____ Position: _____

Phone: _____ May we Contact: Y or N

Volunteer Organization: _____ Dates of Service: _____

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List all areas of interest, skills, hobbies, and other relevant information (First Aid/CPR training, ect.)

Part C: Availability

When are you available to volunteer at Wilton House Museum? Please list your availability below:

Monday: _____ Friday: _____

Tuesday: _____ Saturday: _____

Wednesday: _____ Sunday: _____

Thursday: _____

Frequency (answer all that apply):

Weekly: _____ Monthly: _____ # of Days or Hours per Month: _____

Group Tours: _____ Events: _____

Part D: Signature

I certify that the above information is correct. I understand that there is no financial compensation for the hours I log as a volunteer at Wilton House Museum. I understand that this is an inquiry and that placement is subject to an interview, attendance to orientation and training, and a mutual agreement to placement. I authorize the Virginia State Police to conduct a police background check on me at the discretion of the Wilton House Museum staff.

Signature

Date

Thank you very much for your interest in volunteering!

03/11

For Office Use

Application Date: _____ Interview Date: _____ Start Date: _____

Training: _____