



Veterans Museum and Memorial Center
 2115 Park Boulevard
 San Diego, CA 92101
 Tel: 619-239-2300
 E-mail: info@veteranmuseum.org
 Website: www.veteranmuseum.org

Volunteer Application

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____ E-MAIL: _____

MILITARY BRANCH: _____ SPECIALTY: _____ TIME IN SERVICE _____

EDUCATION:

HIGH SCHOOL COLLEGE GRADUATE POST GRADUATE MAJOR _____

CHECK THE AREAS BELOW IN WHICH YOU ARE INTERESTED

<p><u>Docent Duties</u></p> <p><input type="checkbox"/> Military Experience <input type="checkbox"/> Tour Guide <input type="checkbox"/> Speaker Bureau <input type="checkbox"/> School Visits</p>	<p><u>Operations</u></p> <p><input type="checkbox"/> Office Administration <input type="checkbox"/> Retail/Gift Shop <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Records Management</p>	<p><u>Event Planning</u></p> <p><input type="checkbox"/> Event Management <input type="checkbox"/> Event set-up & break down <input type="checkbox"/> Military Ceremonies</p>
<p><u>IT/Website</u></p> <p><input type="checkbox"/> Website development <input type="checkbox"/> LAN Management <input type="checkbox"/> Graphic Design</p>	<p><u>Membership:</u></p> <p><input type="checkbox"/> Membership Campaigns <input type="checkbox"/> Member Outreach <input type="checkbox"/> Newsletter publishing</p>	<p><u>Library/Research</u></p> <p><input type="checkbox"/> Historical Research <input type="checkbox"/> Oral Histories <input type="checkbox"/> Library Science <input type="checkbox"/> Educational Programs <input type="checkbox"/> Exhibit Development</p>
<p><u>Facilities Maintenance</u></p> <p><input type="checkbox"/> Janitorial Services <input type="checkbox"/> Renovation Projects <input type="checkbox"/> Special Project Construction</p>	<p><u>Business Development</u></p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Grant Writing <input type="checkbox"/> Strategic Planning</p>	<p><u>PR/Marketing</u></p> <p><input type="checkbox"/> Public Relations <input type="checkbox"/> Media Relations <input type="checkbox"/> Marketing/Sales <input type="checkbox"/> Social Media</p>

AVAILABILITY AND NUMBER OF HOURS ON EACH DAY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							
# of Hours							

Please list any special skills (including language) or experience:

Please list prior volunteer experience:

Have you ever been convicted of any criminal offense, other than a traffic violation? Yes No

If YES, please explain:

In case of an emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

I hereby affirm that my answers to the questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that could, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I also understand that my services are subject to government regulations.

I hereby waive any right to claim that any request or investigation is an invasion of privacy, since they are made with my consent and it is in my best interest that I be considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this application.

Signature of Applicant

Date