



Casemate Museum at Fort Monroe

Volunteer/Intern Application

Applicant Information:

Name: _____
 Address: _____
 Phone, Home: _____ Cell: _____
 E-mail: _____
 Birth date: _____ Best way to contact you: _____

Emergency Contact Name: _____
 Phone number: _____ Relationship: _____

Background/Experience

<input type="checkbox"/> Employed	Employer/School: _____
<input type="checkbox"/> Student	Occupation/Major: _____
<input type="checkbox"/> Retired	Special Skills/Certifications: _____
<input type="checkbox"/> Other	_____

How long have you lived in Hampton Roads? _____

How did you learn about our volunteer/intern program? _____

Do you have any health limitations that may affect your volunteer/intern assignments?
 Yes No If yes, please explain: _____

Have you ever been convicted of a criminal offense other than minor traffic violations?
 Yes No If yes, please explain: _____

Relevant experience:

Org: _____ Duty/Date(s): _____
 Org: _____ Duty/Date(s): _____

References: Please list two references other than family members:

Name: _____ Phone: _____
 Postal address: _____
 Email address: _____
 Relationship: _____ Years Known: _____

Name: _____ Phone: _____
 Postal address: _____
 Email address: _____
 Relationship: _____ Years Known: _____

Internship Preferences (mark all that apply, indicate preferred areas):

<input type="checkbox"/> Museum Studies (general)	<input type="checkbox"/> Collections Maintenance & Care
<input type="checkbox"/> Education & Tours	<input type="checkbox"/> Archives & Research
<input type="checkbox"/> Events & Program Development	<input type="checkbox"/> Strategic Communications & Social Media

Schedule: Note that shifts and frequencies vary with volunteer positions and staff schedules. Please indicate the days and times you prefer to work. If you are flexible, please check all that apply. The museum is closed to the public on Mondays between Labor Day and Memorial Day.

	MON	TUE	WED	THUR	FRI	SAT	SUN
Mornings (9:00-1:00)							
Afternoons (1:00-5:00)							
Evenings (5:00-9:00)							
Ideal number of hours per week?							
Ideal number of hours per month?							

Other Scheduling Notes: _____

Skills or Hobbies you might share: (check any that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Computer Knowledge | <input type="checkbox"/> Office/Clerical Skills | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Editing |
| <input type="checkbox"/> Creative/Business Writing | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Retail Experience | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Artistic ability | <input type="checkbox"/> Musical Ability | <input type="checkbox"/> Photography | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Teaching (kids or adults) | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Culinary Skills | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Languages other than English: _____ | | | |
| <input type="checkbox"/> Other: _____ | | | |

What do you hope to gain from your volunteer/internship experience?

Please describe your experience 1) working with the public and/or 2) research and education:

I understand that I am not an employee of the Casemate Museum, the National Park Service (NPS), and/or the Fort Monroe Authority (FMA) 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. I also understand that it is my responsibility to provide the volunteer coordinator 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 the museum, NPS, and FMA. By my signature below, I authorize the museum 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