

**National Museum of the American Sailor
Volunteer Application Form**

Please complete this application form if you are interested in becoming a National Museum of the American Sailor volunteer. Please mail or email completed forms to:

**National Museum of the American Sailor
2531 Sheridan Road
Great Lakes, IL 60088
NHHC_NMAS@us.navy.mil**

All required fields are denoted by an asterisk (*).

CONTACT INFORMATION

*Name: _____

*Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Home Phone: _____

OK to call me here

Cell Phone: _____

OK to call me here

Work Phone: _____

OK to call me here

Email: _____

Email Preferences

The National Museum of the American Sailor likes to keep volunteers informed of important news, schedules, and volunteer opportunities by email; however, we will not send you any email you prefer not to receive.

If you would prefer **not** to receive email from the National Museum of the American Sailor, please initial here: _____

EMERGENCY CONTACT

In the event of an emergency, who should the National Museum of the American Sailor contact?

*Name: _____

*Telephone Number: _____

REFERENCES

Provide three references below. References should be from a person that supervised your work/volunteer/educational experience:

1. Name, Organization/School, Phone Number:

2. Name, Organization/School, Phone Number:

3. Name, Organization/School, Phone Number:

INTERESTS AND AVAILABILITY

Assignment Preference

Please indicate how you would like to volunteer. (Check all that apply):

- Docent
- Educational Events and Programs
- Administrative/Clerical
- Visitor Services (Lobby Desk)

Skills & Interests

Areas of Expertise (Check all that apply).

Skills:

- | | |
|---|--|
| <input type="checkbox"/> Archiving | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Cataloging | <input type="checkbox"/> Teaching – Elementary |
| <input type="checkbox"/> Data Entry (<i>Microsoft Office</i>) | <input type="checkbox"/> Teaching – Post-Secondary |
| <input type="checkbox"/> Historical Research | <input type="checkbox"/> Teaching – Secondary |

If applicable, please describe your prior military service:

Please use the space below to tell us about your special skills, any foreign languages you may speak, areas of knowledge, and/or interests you may have:

How did you hear about the National Museum of the American Sailor?

What interests you about volunteering at the National Museum of the American Sailor?

Availability

Please let us know when you would be available. (Check all that apply)

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|---------------|----------------|------------------|-----------------|---------------|-----------------|
| Morning <i>(0900-1300)</i> | | | | | | |
| Afternoon <i>(1300-1700)</i> | | | | | | |

Privacy Notice:

This form requests you to provide information subject to the Privacy Act of 1974 (5 U.S. Code 552a). If you choose to provide your personally identifiable information (PII), such as filling out a form with e-mail and/or postal addresses so that the United States Navy may contact you, your information will only be used to respond to your request. The information you provide will only be shared with another government agency if your inquiry relates to that agency, or as otherwise required by law. Your information will not be given to any private organizations. NMAS never collects information for commercial marketing. While you must provide an e-mail address or postal address for a response, we recommend that you NOT include any other PII, especially Social Security numbers. The Social Security Administration offers additional guidance on sharing your Social Security number. If you have any questions or comments about the information presented here, please contact NMAS staff.

I Agree

I understand and agree that submitting this application does not automatically register me as a National Museum of the American Sailor volunteer and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By signing this form, I attest that the information provided is true and accurate.

***Signature:** _____

Parental/Guardian Consent for Youth Volunteers

Note: Parental consent is required for all volunteers under the age of 18. Children under the age of 16 cannot serve at the National Museum of the American Sailor.

I understand that my child wishes to be considered for volunteer work with the National Museum of the American Sailor. I hereby give my permission for him/her to serve in that capacity, if accepted by the museum. I understand that he/she will be provided with any necessary training for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to all museum policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed. *(Continued)*

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship to Volunteer: _____

Parent/Guardian Phone: _____ Email: _____