



SAGINAW VALLEY NAVAL SHIP MUSEUM

Volunteer Application

Contact Information

Name _____ Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ E-Mail Address _____

Availability

During which hours are you available for volunteer assignments? Please check appropriate times.

Weekday mornings Weekend mornings Weekday afternoons Weekend afternoons Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering. Please check appropriate items.

Administration Events Field work Fundraising Deliveries Phone bank Newsletter production Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name _____ Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ E-Mail Address _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please mail to:

SAGINAW VALLEY NAVAL SHIP MUSEUM
3727 E. Wilder Rd, Suite B
Bay City, MI 48706