Volunteer Application

Please complete all pages and attach your resume. Return by one of the below methods:

Email:

Education Manager

Re: Internship Application

macarthureducation@norfolk.gov

Mail:

MacArthur Memorial

Attn: Education Manager

MacArthur Square

Norfolk, VA 23510

Please note that while volunteers are accepted on a rolling basis, positions may not be available at a given time. Volunteers may contact the Education Manager for future opportunities if this occurs. Applicants must be 18 years of age or older to be considered for the Internship and Volunteer Program.

Last Name   **First Name**

Address

City   **State**   **Zip Code**

Phone   **Email**

Do you have volunteer or museum experience? If yes, please explain.

_____

_____

_____

_____

_____

Describe your availability.

_____

_____

_____

Why do you want to volunteer at the MacArthur Memorial? What are you hoping to gain from this experience?

_____

_____

_____

_____

Are you pursuing this program for school, work, etc.?   _____ Yes   ___ No

There are several areas in which volunteers can work. Please rank according to your preference. Note that assigned tasks may depend on need/availability.

_____ Curatorial (cataloguing, research, accessioning, collections and exhibit maintenance, etc.)

_____ Archives (cataloguing, digitization, scanning, archival maintenance, research, etc.)

_____ Education (tours, research, educational programming, social media, special events, etc.)

_____ No Preference

Please rank your skill in the following areas:

	Excellent	Good	Fair
Teamwork	___	___	___
Customer/Visitor Service	___	___	___
Public Speaking	___	___	___
Computer Skills	___	___	___
Social Media/Graphic Design	___	___	___
Research/Writing	___	___	___

Languages. Please indicate fluency (R- Reading, W- Writing, S- Speaking)

_____

_____

To be completed upon acceptance:

Agreement and Signature

I agree to abide by the rules of conduct and mission guidelines of the MacArthur Memorial. I understand that as an volunteer, failure to adhere to these guidelines may result in my immediate dismissal.

Name (printed) _____

Signature _____

Date _____

Emergency Contact (Full Name, Phone Number) _____