



**TO:** Volunteer Applicant  
**FROM:** Hilary Harrison, Volunteer Coordinator  
**SUBJECT:** Application Process for Volunteer Position

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Thank you for your interest in volunteering with the Blacksburg Museum & Cultural Foundation.

To be considered for a volunteer position with us, the attached application must first be completed and submitted. You can submit your paperwork on one of the following ways.

- 1. Email: [HHarrison@BlacksburgHistory.org](mailto:HHarrison@BlacksburgHistory.org)**
- 2. Fax: 540-961-1889**
- 3. Drop off application at the BMCF Office at the Alexander Black House & Cultural Center, 204 Draper Road, SW, in Blacksburg, Virginia**
- 4. Mail: BMCF, Attention: Hilary Harrison, PO Box 23, Blacksburg, VA 24063**

As the need arises, the applications will be reviewed and those applicants qualified for the positions needed, will be contracted for interviews.



## **Volunteer Application Disclosure**

Thank you for your interest in volunteering with the Blacksburg Museum & Cultural Foundation. Attached, please find a Volunteer Application and the Disclosure and Release Form for your completion.

Please note:

- The Blacksburg Museum & Cultural Foundation has a policy of conducting background investigations for some volunteer positions. We will notify the applicant if a background check is necessary. All applicants, however, are required to fill out the Disclosure and Release Form.
- Please complete all applicable information on the Volunteer Application.
- Falsification of information on either the Volunteer Application or the Disclosure and Release Form may be grounds for denial of volunteer placement.
- The BMCF is not obligated to provide a volunteer placement, nor is the Applicant obligated to accept a position, if offered.



**Blacksburg Museum & Cultural Foundation**

**Volunteer Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

References (Non-Family):

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Have you been convicted of a felony within the past five years? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a student? \_\_\_\_ Yes \_\_\_\_ No Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, what school do you attend? \_\_\_\_\_

If yes, what grade or year are you in? \_\_\_\_\_

Have you done volunteer work at another non-profit organization? \_\_\_\_ Yes \_\_\_\_ No

If yes, where and what did you do?

What type of work would you like to do here?

List any hobbies or interests:

What skills, training or knowledge do you wish to utilize here?

Why do you want to volunteer here?

Where did you hear about our organization?

When are you available to volunteer with us? (Please mark each available day/time with an 'X')

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (10am-1pm)							
Afternoon (1pm-4pm)							
Evening (varies on event)							

Area of service preferred:

- Docent
- Gift Shop
- Tour Guide
- Video Editing
- Research/History
- Collections
- One Day Events
- Office Assistance
- Marketing
- Other: \_\_\_\_\_



Are you volunteering to fulfill a course requirement at school? \_\_\_\_ Yes \_\_\_\_ No

If yes, please describe course and number of hours required.

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Would you be willing to be on a substitute list to be called if another volunteer is unable to come in for his/her scheduled shift? \_\_\_\_ Yes \_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature indicates your approval for us to check your references as well authorization to conduct a background check should one be required. The organization is not obligated to provide a placement, nor are you obligated to accept the position offered.