

*Our Mission*

*The Mission of the USS Silversides Submarine Museum is to honor the men and women of the military, preserve military history and provide experiences that educate the public about past and present military history and technology.*

Application Received \_\_\_\_\_\_\_\_\_\_

Interview \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Constituent ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER APPLICATION

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

Other Names you have used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTHDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check appropriate blank(s): \_\_\_ employed \_\_\_ unemployed \_\_\_ student \_\_\_ retired

Employer/School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ May we contact if necessary? \_\_\_ yes \_\_\_ no

Have you been convicted of a crime within the last seven years? \_\_\_ yes \_\_\_ no

**Emergency information:**

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Doctor & Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any health or physical limitations that could affect your volunteer assignments? \_\_\_ yes \_\_\_ no If yes please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you first learn about our Volunteer Program?**

\_\_\_Visiting the USS SILVERSIDES Submarine Museum? \_\_\_Veteran's Organization

\_\_\_Internet Site \_\_\_ Friend/Family Member \_\_\_Community Organization

\_\_\_ High School/College/Employer/Church Please indicate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous or current volunteer experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Education background, hobbies, or special interests\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION and AUTHORIZATION (Please read thoughtfully)**

I certify that the information provided in the Volunteer Application is true, correct and complete. I authorize verification of all statements contained in this Application. I authorize former employers and/or educational institutions to provide information concerning me, and I release them from liability for providing any such information to USS SILVERSIDES Submarine Museum.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date

 VOLUNTEER SERVICES APPLICANT SURVEY

1. In which area(s) of the USS SILVERSIDES Submarine Museum would you be interested in volunteering?

Administration Museum Advancement Special Events

\_\_\_ Data Entry/Typing \_\_\_ Marketing \_\_\_ Event Planning

\_\_\_ Bulk Mailings \_\_\_ Fundraising \_\_\_ Serving/Clean-up

\_\_\_ Reception/ Phones \_\_\_ Social Media \_\_\_ Guest Relations

Curatorial Museum Store Education

\_\_\_ Research \_\_\_ Sales/ Cashier \_\_\_ Docents, Tour Guides

\_\_\_ Temporary Exhibits \_\_\_ Visitor Assistance \_\_\_ Greeter

\_\_\_ Preservation \_\_\_ Cleaning/ Stocking \_\_\_ Children’s Programs

Building & Grounds Other Special Projects

\_\_\_ Gardening \_\_\_ Exhibit Construction

\_\_\_ Maintenance \_\_\_ Painting

\_\_\_ Vessel Restoration \_\_\_ Plumbing, Electrical, HVAC, Woodworking

\_\_\_ Cleaning \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Special Skills

\_\_\_ Computer \_\_\_ Public Speaking \_\_\_ Languages

\_\_\_ Library Work \_\_\_ Office Machines \_\_\_ Flier Distribution

\_\_\_ Photography \_\_\_ Guest Relations \_\_\_ Security Systems

\_\_\_ Data Basing \_\_\_ Fundraising \_\_\_ Audio/Visual

\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please indicate names, phone numbers and relationship of any USS SILVERSIDES SUBMARINE MUSEUM volunteers or employees with whom you are acquainted, or check none. \_\_\_\_ none

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently a Member of USS SILVERSIDES Submarine Museum? \_\_\_ yes \_\_\_ no
2. Are you a Military Veteran? \_\_\_ yes \_\_\_ no Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_ When Served \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Days Available**  | **Start Time** | **End Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

1. Day/ Time Availability

I am interested in working \_\_\_\_\_\_\_ hours per week.

1. Exceptions to availability (List dates and times only, do not include reasons):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of applicant (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**BACKGROUND CHECK DISCLOSURE AUTHORIZATION AND RELEASE**

Thank you for your interest in volunteering at the USS SILVERSIDES Submarine Museum. One step in providing a safe and harmonious working environment for the staff and volunteers of USS SILVERSIDES SUBMARINE MUSEUM is for all adult volunteers to submit an authorization for USS SILVERSIDES SUBMARINE MUSEUM to run criminal background checks. Any adult volunteering his or her services in direct activity with our minors on staff must be screened. Please take a few moments to complete the form. If you have any questions about this important requirement, please do not hesitate to ask.

I have applied for volunteer service or am currently a volunteer with USS SILVERSIDES Submarine Museum. I understand that in connection with my application, USS SILVERSIDES SUBMARINE MUSEUM may be performing, requesting, obtaining, or conducting a background check on me. This background check may include an inquiry into my General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History (collectively, the Information). I understand that USS SILVERSIDES SUBMARINE MUSEUM may rely on any part or all of the Information in determining whether to extend an offer of affiliation to me, or in determining my eligibility for Continued Affiliation. I further understand that if any adverse action is taken by USS SILVERSIDES SUBMARINE MUSEUM or if USS SILVERSIDES SUBMARINE MUSEUM chooses not to extend an offer of Affiliation to me based upon the Information along with a summary of my rights under the Fair Credit Reporting Act. I understand that the background check is being performed by Investigators as part of the process to evaluate me prior to Affiliation or for Continued Affiliation, and is not conducted for any purpose other than in connection with my Application for Affiliation or determining my eligibility for Continued Affiliation.

I have read this Background Check Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described here in conjunction with my application for Affiliation or for Continued Affiliation. I hereby release any and all Investigators and USS SILVERSIDES SUBMARINE MUSEUM from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application with USS SILVERSIDES SUBMARINE MUSEUM. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with this background check. I understand that my Social Security Number shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold or in any way transferred to a third party except for the express purpose of conducting the background check. As a condition of my Continued Affiliation with USS SILVERSIDES SUBMARINE MUSEUM, I authorize my background check to be obtained and reviewed at any time during the tenure of my Affiliation by USS SILVERSIDES SUBMARINE MUSEUM without obtaining further authorization.

Application Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (First, Middle – required, Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Last Names (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Former Address (only those within the last 5 years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been arrested or convicted for an offense other than a minor traffic violation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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