



The MacArthur Memorial

Date Received _____

Volunteer Application

Please note that while applications are accepted at all times, that does not necessarily mean that there are available positions. Your application will remain on file and you will be contacted if a position opens that matches your availability and interests.

Please complete both pages and attach your resume. Return to:

Email:
Amanda Williams
RE: Volunteer Application
amanda.williams@norfolk.gov

Fax:
MacArthur Memorial
Attn: Amanda Williams
757.441.5389

Mail:
MacArthur Memorial
Attn: Amanda Williams
MacArthur Square
Norfolk, VA 23510

Ms./Mr./Mrs/

FIRST

LAST

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

ALTERNATE PHONE

EMAIL

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

Describe your availability.

Why do you want to volunteer at the MacArthur Memorial?



The MacArthur Memorial Volunteer Application

There are several areas where volunteers can work, depending on volunteer openings and availability. Rank your preferences:

- ___ Curatorial (exhibits, research, etc)
- ___ Archives (cataloguing, scanning, etc)
- ___ Education (tours, research, podcasting, etc.)

Rank Your Skills

	Excellent	Good	Fair	N/A
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be completed upon acceptance as a volunteer:

Agreement and Signature

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

Name (printed)	
Signature	
Date	
Emergency Contact	