

**Museum of Chincoteague Island**  
**7125 Maddox Blvd**  
**Chincoteague Island, VA 23336**  
**757-336-6117**

Thank you for your interest in being a volunteer for the Museum of Chincoteague Island! Please complete this form and submit it to the Museum of Chincoteague Island to receive consideration for a volunteer position. Form can be mailed to the address above, emailed as an attachment to [museumofci@gmail.com](mailto:museumofci@gmail.com) or dropped off at the museum.

Museum of Chincoteague Island is a 501(c) organization with a mission to collect and preserve the material culture that reflects the historical progression of the life on Chincoteague and Assateague Islands

After we receive your application, we will contact you to discuss what opportunities we can offer you. All information on this form will be kept confidential and will help us find the perfect volunteer project for you.

**Volunteer Interest Form**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer (if applicable) \_\_\_\_\_

**Here are some of the volunteer positions we offer. Please check the ones you would be most interested in.**

- Front Desk Coverage
- Office Help (routine office tasks on a specific day of the week)
- Events (fundraising, client get togethers, celebratory events, i.e., Artsea, Christmas Tree Village, Buckaroo Bingo)
- Fundraising (may involve telephone calls, writing thank you notes, or grant writing)
- Communications (writing copy for publications and fundraising messages. Social media experience appreciated)
- Phone Buddies (talking with specific individuals by phone regularly)
- History Bus Tour Guide
- Driver – History Bus – Must have CDL that includes passenger endorsement
- Guest Speaker – Weekly lecture series
- Other: \_\_\_\_\_

What days are you usually available?  Tues  Wed  Thurs  Fri  Sat

How many hours are you available per week? \_\_\_\_\_ Do you prefer  Morning  Afternoon

Emergency contact:

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Liability Release:**

*As a volunteer of the Museum of Chincoteague Island, I agree to abide by all policies and procedures as communicated to me and the Museum of Chincoteague Island's code of ethics, a copy of which will be provided to me. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date