



OREGON MILITARY MUSEUM

15300 SE Minuteman Way ♦ Camp Withycombe
Clackamas, Oregon 97015
Phone (503)683-5359 ♦ Fax (503)683-4913 ♦ DSN 355-5359
www.oregonmilitarymuseum.org



VOLUNTEER APPLICATION

Name _____ Date _____

Address _____

Home Phone _____ Primary Cell Phone _____ Primary

Email _____

Please add me to the Museum's mailing list(s): Yes No Date of Birth _____

How did you hear about us? _____

1. Please check your area(s) of interest:

- | | | |
|---|---|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Library and Archives | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Collections Cataloging | <input type="checkbox"/> Museum Guide / Docent | <input type="checkbox"/> Re-enactor / Outreach |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Office and Administration | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Public Relations / Advertising | <input type="checkbox"/> Restoration Shop |

2. I foresee volunteering approximately: 1-2 days/month 3-4 or more days/month occasionally only

3. Days of the week I prefer: _____

4. Please share your Special Skills / Education / Previous Volunteer Experience:

5. Previous Work Experience:

A.) Employer _____ Duration _____

May we contact the above? Yes No Phone _____

B.) Employer _____ Duration _____

May we contact the above? Yes No Phone _____

C.) Employer _____ Duration _____

May we contact the above? Yes No Phone _____

6. References:

A.) Name _____ Organization _____

Relation _____ Phone _____

B.) Name _____ Organization _____

Relation _____ Phone _____

C.) Name _____ Organization _____

Relation _____ Phone _____

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7. In case of emergency, contact:

A.) Name _____ Relation _____
Address _____
Primary Phone _____ Secondary Phone _____

B.) Name _____ Relation _____
Address _____
Primary Phone _____ Secondary Phone _____

8. Please list any medical conditions, medications, allergies, and physical limitations that could affect your volunteer assignment, or may need to be known in the event of an emergency:

CERTIFICATION and AUTHORIZATION (Please read thoughtfully.)

I hereby certify that I am age 18 or older. I also certify that all information provided on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In submission of my volunteer application, I agree to adhere to the policies and regulations of the Oregon Military Museum, including its policy to conduct a background check on volunteers. I agree my volunteer status can be terminated, with or without cause, and with or without notice, at any time by the Oregon Military Museum.

Signature: _____ **Date:** _____

**Thank you for applying to volunteer with the
Oregon Military Museum!
We will contact you soon regarding your application.**

**Please send your completed form to:
Oregon Military Museum, 15300 SE Minuteman Way, Camp Withycombe, Clackamas, OR 97015
Or email as an attachment to: museuminfo@oregonmilitarymuseum.org**

For Office Use Only: <input type="checkbox"/> Museum Standard Operating Procedures (SOP) <input type="checkbox"/> Volunteer Sign-In Sheet <input type="checkbox"/> Camp Withycombe Driving Policy Form <input type="checkbox"/> Background Check DD Form 369 submitted <input type="checkbox"/> Guidelines for Volunteers <input type="checkbox"/> Background Check DD Form 369 completed
