



BRIGADIER GENERAL JAMES B. THAYER 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 include me on any emailed Museum announcements: Yes No

Date of Birth _____

How did you hear about us? _____

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 Cataloguing | <input type="checkbox"/> Membership | <input type="checkbox"/> Re-enactor / Outreach |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Museum Guide / Docent | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Exhibits | <input type="checkbox"/> Office and Administration | <input type="checkbox"/> Restoration Shop |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations / Advertising | |

I plan to volunteer approximately:

- 1 day a month 2 days a month 3 days a month 4 or more days a month

Days of the week, I prefer: _____

Special Skills/Education/Previous Volunteer Experience: _____

Previous Work Experience:

1) Employer _____ Duration _____

May we contact the above? Yes No Phone _____

2) Employer _____ Duration _____

May we contact the above? Yes No Phone _____

3) Employer _____ Duration _____

May we contact the above? Yes No Phone _____

References:

1) Name _____ Organization _____

Relation _____ Phone _____

2) Name _____ Organization _____

Relation _____ Phone _____

3) Name _____ Organization _____

Relation _____ Phone _____

VOLUNTEER APPLICATION (Cont'd)

In case of emergency, contact:

1) Name _____ Relation _____

Address _____ Phone _____

2) Name _____ Relation _____

Address _____ Phone _____

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 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. 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: _____

PARENTAL CONSENT FOR MINORS

A parent/legal guardian’s signature is required for volunteers under 18 years of age. The supervision of a parent, guardian or other responsible adult chaperone is required if you are under the age of 16. The parent/legal guardian must also be listed as an emergency contact above.

As a parent/legal guardian signing this form, I understand that my child, _____, wishes to be considered for volunteer work and I hereby give my permission for him/her to serve in that capacity, if accepted by the agency. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

Parental/Legal Guardian’s Signature: _____ Date: _____

Parental/Legal Guardian’s Printed Name: _____

***Thank you for applying to volunteer with the
Brigadier General James B. Thayer Oregon Military Museum!!***

For Office Use Only:		
<input type="checkbox"/> Museum Standard Operating Procedures (SOP)	<input type="checkbox"/> Volunteer Sign-In Sheet	<input type="checkbox"/> Driving Policy Form
<input type="checkbox"/> RSVP/Volunteer Connection Information	<input type="checkbox"/> Guidelines for Volunteers	