



**LONG ISLAND MARITIME MUSEUM**

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**VOLUNTEER APPLICATION**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Best time to call:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**VOLUNTEER ACTIVITY**

- |  |                                  |   |                                      |
|--|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> School Guide/Docent | <input type="checkbox"/> Greeter | <input type="checkbox"/> Gift Shop      | <input type="checkbox"/> Boat Shop   |
| <input type="checkbox"/> Publications        | <input type="checkbox"/> Library | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising |
|  | <input type="checkbox"/> Office  | <input type="checkbox"/> Education      |                                      |

**AVAILABILITY**

- |                                 |                                   |                                    |                                   |                                 |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
|                                 | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday    |                                   |                                 |

*\* Please note that in order to become a volunteer of L IMM, you must be a member \**  
**Please list any special skills or experience you feel you could contribute to the Museum:**

\_\_\_\_\_

**Do you have any special tools or equipment that you could make available to the Museum as part of your volunteer activity?**

\_\_\_\_\_

**Please give us a brief description of your educational and/or employment background:**

\_\_\_\_\_

\_\_\_\_\_

**Please list two (2) people whom we may call for a reference:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**DECLARATION**

**The statements I have made here are true. I authorize present and former employers to provide the Long Island Maritime Museum with a reference regarding character, work abilities and/or education. In consideration for compliance with this request, I release and discharge the Long Island Maritime Museum from any claims, liabilities or damages.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_