



**Long Island Maritime Museum**

88 West Ave  
West Sayville, NY 11796  
631-854-4974  
limm@limaritime.org  
Limaritime.org

**VOLUNTEER APPLICATION**

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

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

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

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**NOTE:** *Participants may be photographed for educational or public relations purposes for the Museum*

**Volunteer Activity**

- School Guide/ Docent       Visitor Services       Education
- Priscilla Crew       Special Events       Boat Shop

**AVAILABILITY**

- Monday       Tuesday       Wednesday       Thursday       Friday
- Saturday       Sunday

**SKILLS/EXPERIENCE**

Please list any special skills or experience you feel you could contribute to the Museum:

\_\_\_\_\_  
\_\_\_\_\_

Please give us a brief description of your education 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 past employers to provide the Long Island Maritime Museum with a reference regarding character, work abilities and/or education. In consideration for compliant with this request, I release and discharge the Long Island Maritime Museum from any claims, liabilities, or damages .*

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