



Group Volunteer Application

Application Date _____

Organization Name _____

Organization/School Address _____

Contacts Phone: _____

Contacts Email _____

Describe your groups prior volunteer experience (if any) _____

Why does your group want to volunteer? What do you want your group to gain from this volunteer experience?

Are members of your group willing/able to do a variety of tasks for the museum? This could include but is not limited to physical labor, standing for long periods of time, sitting down at desks, learning history, etc.?

Availability to Volunteer

DAY	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours available (ex. 11a.m.- 2 p.m.)							

Emergency Contact

Advisor Name _____

Phone _____

Please read the following carefully before signing this application: I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with The Woodrow Wilson Presidential Library that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any

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information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by The Woodrow Wilson Presidential Library. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Woodrow Wilson Presidential Library or my termination as a volunteer.

Signature _____ Date _____

E-mail to eschesventer@woodrowwilson.org

Mail to:
Eric Schesventer
Woodrow Wilson Presidential Library
20 N. Coalter St.
Staunton, VA 24401