



Cedar Creek Battlefield Foundation

Volunteer Application

(Please Print Clearly)

Date _____

Contact Information

Full Name _____

(Age if a Minor) _____

Street Address (City, State, Zip) _____

Home Phone _____

Cell Phone _____

E-mail _____

Preferred Contact Method Email Phone Text

Employer Name _____

Employer Phone _____

Emergency Contact Name _____

Relationship to You _____

Emergency Contact Phone _____

Experience and References

Have you volunteered with CCBF in the past? Yes No

Have you preformed volunteer work previously? Yes No

If yes, where and what duties did you preform? _____

Do you have a valid driver's license? Yes No

Do you have any physical limitation? This will not affect volunteer opportunities and will help us find the safest and most comfortable opportunities for you. Yes No

Are you comfortable working with groups? Yes No

Are you comfortable talking about history and giving directions? Yes No

Are you comfortable answering the phone? Yes No

Have you ever worked on a cash register? Yes No

Would you be comfortable learning to operate the register? Yes No

Please provide three references. Only one can be family.

Reference 1

Name _____ Relationship _____

Phone Number _____ Email _____

Reference 2

Name _____ Relationship _____

Phone Number _____ Email _____

Reference 3

Name _____ Relationship _____

Phone Number _____ Email _____

Do you have any specialized skills, training, or certifications? If yes, please list them:

Why would you like to volunteer with CCBF? _____

Availability

Please check all that apply to your availability to volunteer:

I am available Mornings (Monday-Friday) Afternoons (Monday-Friday)
 Weekends Once A Week More Than Once A Week
 As Needed Other _____

Is there a specific task or special interest you would like to be involved in during your volunteer hours? _____

How did you hear about volunteering with the Cedar Creek Battlefield Foundation?

Friend Family Media Other _____

T-shirt Size Small Medium Large X-Large 2X-Large 3X-Large

The information I have provided above in this application is complete and true to the best of my knowledge. I authorize the Cedar Creek Battlefield Foundation to contact my references.

I understand that the Board of the Cedar Creek Battlefield Foundation must approve my application. If/when I am approved, I agree to sign a Non-Disclosure Agreement and a Code of Conduct. I also agree that during my pre-scheduled volunteer hours I will be appropriately attired and will act professionally when engaging with the public. My hours will be scheduled two weeks in advance.

Signature _____ Print _____ Date _____

If a minor, please provide a guardian signature _____

Date _____ Printed Name _____

You will be contacted after your application has been processed.

Thank you!