

First Landing Foundation
1340 N. Great Neck Road #1272-388
Virginia Beach, VA 23454

Volunteer Information and Enrollment Form
(Please Print)

Date _____

A. GENERAL INFORMATION

Name _____
Last First Middle Initial

Mailing Address _____

City _____ State _____ Zip Code _____

Are you 18 years of age or older? Yes _____ No _____

B. CONTACT INFORMATION

Phone (please indicate which phone number is preferred) ___ Home () _____
___ Mobile () _____
___ Business () _____

Email _____

Emergency Contact _____ () _____
Name Phone

Relationship to Applicant _____

C. EDUCATION

Highest level completed

List areas of study or degrees obtained _____

Foreign languages (Fluent) _____

Indicate computer skills _____

Professional Certifications, Special Skills, Interests, Hobbies _____

D. OCCUPATIONAL BACKGROUND

Describe any volunteer work you have done _____

How did you hear about the First Landing Foundation? _____

Are you able to work in an outdoor environment? _____ Yes _____ No

Have you ever worked or volunteered on a military installation? _____ Yes _____ No

Are you familiar with the history of the Tidewater Region? _____ Yes _____ No

Is there anything else you would like the First Landing Foundation to know about you
that may benefit our activities? _____

E. REFERENCES

Name _____ Phone () _____

Mailing Address _____

City _____ State _____ Zip Code _____

Name _____ Phone () _____

Mailing Address _____

City _____ State _____ Zip Code _____

Name _____ Phone () _____

Mailing Address _____

City _____ State _____ Zip Code _____

F. VOLUNTEER CONTRIBUTION AREAS

Which of the following volunteer opportunities are you most interested in:

Educational Programs Historic Villages Docent

Flora and Fauna Docent Gift Shop Attendant Ticketing

Theatrical Performance Attendant Site Maintenance/Cleanup

Promotional Activities Costumed Interpreter Other

G. DRIVING INFORMATION

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

If yes, issued in the state of _____

Do you have a current commercial driver's license (CDL)? Yes No

Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia? Yes No

H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from becoming a registered volunteer.)

Have you ever had any **criminal convictions** related to:

a. alcohol or drug abuse? Yes No

b. child abuse or neglect? Yes No

c. spousal abuse? Yes No

d. elder abuse or neglect? _____ Yes _____ No

Have you ever been convicted of any violation(s) of law?
(other than minor traffic offences) _____ Yes _____ No

If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last five years? _____ Yes _____ No
If "yes" to the above, please describe. _____

I certify that all information provided by me is complete, accurate and truthful to the best of my knowledge,

I understand that false or misleading information given in my application or interview may result in termination of application or discharge from volunteer position if I am hired,

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service for the First Landing Foundation.

Signature, Volunteer

Date

First Landing Foundation programs are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital status or family status.

Individuals with disabilities desiring accommodations in the application process should notify Colette Amici, CEO First Landing Foundation at 757-417-7012 by the application deadline.