



# Volunteer Questionnaire

Steamship Historical Society of America  
2500 Post Road, Warwick, RI 02886-2244  
[www.sshsa.org](http://www.sshsa.org) \* [info@sshsa.org](mailto:info@sshsa.org)

## Personal:

Please print or type

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

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

Phone Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Days/Hours Available: \_\_\_\_\_

Are you under 18 years of age?  Yes  No

Have you ever been convicted of a crime more serious than a minor traffic violation?

Yes  No

*(A criminal record does not constitute an automatic bar to being accepted as a volunteer.)*

If yes, please specify date, charge, place, and action taken:

Person to contact in case of emergency:

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Education:

High School  Attending College  College graduate  Technical/Trade School

Degree(s)/Certification(s):

Full Time  Part Time

1. Why do you wish to volunteer at SSHSA?
  
2. How did you hear about volunteer work at SSHSA?
  
3. Do you have previous historical society/museum experience?  Yes  No  
 If yes, where have you worked and in what capacity?

**Previous Volunteer Experience:**

*(Please complete in full, starting with your most recent volunteer experience.)*

Organization Name	Dates of Service	Volunteer Duties	Supervisor Name and Phone Number

**Availability:**

Which days would you be able to work? *(Please circle.)*

M    T    W    TH    F    SAT    SUN

What time of day would you prefer? *(Please circle.)*

Mornings      Afternoons      Evenings

What type of projects do you prefer? *(Check all that apply.)*

- Long term projects (ie: several weeks)       Short term projects (ie: a few hours)
- Ongoing projects (ie: 2-4 hours weekly/monthly)       One time project (ie: special event)

What type(s) of volunteer opportunities are you interested in? *(Check all that apply.)*

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Exhibits/interpretation | <input type="checkbox"/> Curatorial   |
| <input type="checkbox"/> Special Events          | <input type="checkbox"/> Archival     |
| <input type="checkbox"/> Images/Photos           | <input type="checkbox"/> Collections  |
| <input type="checkbox"/> Digitizing              | <input type="checkbox"/> Other: _____ |

Are there kinds of project you would like to avoid?  Yes  No

If yes, please list/explain:

Are there any experience and/or special skills you can bring to us? Please list/explain:

**References:**

*Please list two business, school, or volunteer work references (not relatives) whom we may contact regarding your application.*

Name	Title	Address	Phone	Relationship

I certify that the statements made in this volunteer application are true and correct, have been given voluntarily, and understand that misrepresentation is just cause for dismissal. I understand that a background investigation check may be made whereby information may be obtained through personal interviews, a police-criminal records check, and other sources that may have information about me. I hereby grant permission and consent to any such verification and investigation, agree to cooperate in same, and release all liability or responsibility all persons, organizations, companies, and corporations collecting and supplying information.

My services are donated to SSHSA for contemplation of compensation or future employment and given with charitable reasons. I understand that failure to follow SSHSA's policies and procedures may be grounds for dismissal.

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, gender, or disability.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return completed application to the address or e-mail address listed above. Thank you for your interest in volunteering at SSHSA!*