Volunteer Questionnaire
Steamship Historical Society of America
2500 Post Road, Warwick, RI 02886-2244
www.sshsa.org * info@sshsa.org

Personal:
Please print or type

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.*)

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<tr>
<th>Organization Name</th>
<th>Dates of Service</th>
<th>Volunteer Duties</th>
<th>Supervisor Name and Phone Number</th>
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**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.*)
Exhibits/interpretation
☐ Curatorial
☐ Special Events
☐ Archival
☐ Images/Photos
☐ Collections
☐ 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.

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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!