

VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you are interested in volunteering your time, please complete this application, submit it and we will contact you. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in the National POW/MIA Memorial & Museum

Name:				
Address:				
City: Sta	te: Zip:		Phone:	
Email:	Employe	r:	Position:	
Any special talents or skills that	t you feel would be	nefit our organ	ization?	
Interests: please tell us in whic	h area you are inte	erested in volu	nteering	
Administration	Receptionist		Fundraising	Docent
Programs/Events	Data Entry		Custodial	Speaker
Landscaping	Chapel Assista	nt	Education	
Please indicate days available:	Mon Tues	Wed Thu	Fri Sat Sun	
Times available: From:	То: _			
Any physical limitations?				
In case of emergency, contact:			Cell:	

As a volunteer of our organization, I agree to abide by the policies and procedures of Cecil Field POW/MIA Memorial, Inc. I understand that I will be volunteering at my own risk and assume all risks and liability for any damages, accident, injury or health problem which may arise from any volunteer work I perform for the organization. Further, I specifically release and hold harmless Cecil Field POW/MIA Memorial, Inc. from any liability or causes of action which may arise from my association with the organization as a volunteer. I agree that all work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature:_	Date:
	Applicants may be required to submit to and pay for a background check before they can volunteer.
	National POW/MIA Memorial & Museum
	6112 POW-MIA Memorial Pkwy, Jacksonville, FL 32221