Volunteer Application Form

Our Core Values

- Extend COURTESY and GOOD WILL to members, employees, Museum visitors, vendors and contractors, public officials and neighbors of the museum.
- RESPECT and TRUTH are honored and expected.
- Personal ambitions and interests are secondary to GROUP HARMONY and PRODUCTIVITY.

STM’s responsibilities to our Volunteers

- We attempt to match volunteers with opportunities for which they are qualified and interested.
- We will be clear about who will train and supervise your activities.
- We will have projects for you to work on at the times we agreed to.

Volunteer Responsibilities

- Volunteers must be current Members in good standing
- Keep the Visitor Experience in mind at all times, and help STM make every Visitor’s time on our campus safe, enjoyable, and informative.
- You are an Ambassador for STM. Please represent us favorably in Action, Word, and Appearance when you are on our campus. Speak well of us wherever you are.
- Please let us know if you cannot complete tasks for which you volunteered or cannot be here at times for which you were scheduled.
- Please prepare and turn in volunteer time sheets; we rely on these to maintain our non-profit status.
- Follow Volunteer protocols:
  1. Before a volunteer undertakes a self-directed project, they must get approval from the employee or officer responsible for the affected area.
  2. No parts are to be discarded or moved without the express approval of the Parts Department.
  3. No demolition or restoration movement of any museum vehicle or artifact is to occur except under the direction or supervision of the Manager of Restoration Shop or the head of the affected collection.
  4. No changes to any Museum building or grounds will occur without the express approval of the Executive Director or a Trustee, or Manager of Restoration Shop in the case of the Town House Restoration Shop.
  5. Care must be taken in relocating artifacts to prevent damage.

Volunteer Assurances By signing this form I am certifying that I have read and will adhere to the Core Values and Volunteer Responsibilities noted above, and the NEERHS Harassment Policy.

Signature __________________________ Date __________________________
First Name ___________________________________

Last Name___________________________________

Street Address______________________________________

City ______________________________State (abbrev) __________Zip ___________

Email___________________________________________

Phone (home)__________________________Phone (other)________________________

Please note all positions of possible interest to you: Docent_____ Musician/Singer _____

Museum Store and Visitor Center _____ Volunteer Services & Administration ______

Operations (Operator/Conductor)(Driver’s License in State of Residence required for Motorman) _______

Restoration Shop ________ Buildings & Grounds _____________IT___________

Library/Archives____ Other _________________________________

Where did you attend High School?_________________________________________

College and /or specialized training programs completed

__________________________________________________________________________
__________________________________________________________________________

Experience / Interests that relate to Volunteer Opportunities at Seashore Trolley Museum

__________________________________________________________________________
__________________________________________________________________________

Previous Volunteer Experience ______________________________________________
__________________________________________________________________________

Tell us why you would like to volunteer at Seashore Trolley Museum _______________
Please provide the names and phone #’s or email addresses of two references, other than family members:

Reference 1:_________________________________________________________________

Reference 2:_________________________________________________________________

Emergency / Medical Emergency Contact: Name____________________________________

Relationship ________________________________________________________________

How can we best contact this person in an emergency?______________________________

Please indicate times you are available to volunteer:

If seasonal, what months?________________________________________________________

How many hours per week, and what days per week might you be interested in volunteering?

____________________________________________________________________________

One or limited time availability (please specify)

____________________________________________________________________________

Are you interested in volunteering for special events?

Weekdays_____ Evenings during the week_____ Weekends_______

Other information you want us to know

___________________________________________________________________________