

Personal Information

Name _____ Phone (____) _____

Address _____ City _____ ZIP _____

Date of Birth* _____ Email address: _____

*DOB required for Background Checks which will be conducted on all persons prior to their first volunteer activity with the Seaport. Your submission of this form is consent for us to conduct a background check.

Volunteer areas of interest: (Please check any that may apply.)

- Exhibit installation: Assist the Seaport staff by assembling exhibits.
- Education programs: Work with K-12 schools from the community by assisting with our land and boat-based science, history, and environmental stewardship learning activities.
- Collections: Work closely with the Seaport's permanent collections by assisting in interpretation, documentation, organization, and conservation of artifacts.
- Tour staffing: Periodically, the Seaport hosts group tours. Senior groups are drawn to the exhibits and enjoy talking with boat builders. School groups want to spend time building toy boats. Help us make these events memorable for our guests.
- Boat building: Whether you are an experienced craftsman or are simply interested in learning something new, join the crew in the Seaport's Heritage Boat Shop.
- Fundraising: Are you interested in building community or grant writing? Find out how you can be a part of our development efforts.
- Hosting: Welcome the public as they arrive and direct them to the various points of interest throughout the Seaport's exhibit and activity areas.
- Special events: Participate in planning or be a "worker bee" to help us produce successful special community or private events that draw more visitors to the Seaport.
- Facilities upkeep: Help the Seaport look its best. To be a part of building and maintaining the Seaport's growing vision, you could swing a hammer, add plantings, or keep the exhibits dust-free.

Please tell us about any special interests and/or experiences you can share as a volunteer at the Foss Waterway Seaport.

Are you able to perform the volunteer function without special accommodation?

Yes No

Who may we call in case of emergency?

Name _____ Phone _____

Date form completed: _____