



USNSM Volunteer Application

Instruction Sheet

Thank you for your interest in becoming a volunteer at the U.S. Navy Seabee Museum. Our volunteers play a vital role in the activities at the U.S. Navy Seabee Museum. They supplement the staff in important ways with special talents and knowledge that might not be otherwise available.

Please note that you must meet the following requirements in order to be qualified as a U.S. Navy volunteer: you must be 16 years or older. Written parental consent is required for all unmarried volunteers under 18 years of age. If you do not meet these requirements, we will not be able to accept your volunteer application.

The next step in applying to become a volunteer is to complete the attached form. Your answers to the questions will enable us to see where you might best help our program and what activities would be most fulfilling to you. Many of the questions are self-explanatory. Others might need a little explanation. Please note that a background check will be necessary, depending on the type of volunteer service you will provide and the kind of access you are granted to our facility. For further information about this step in the application process, please contact the Education Specialist at (805) 982-6189 or jose.a.valle14.civ@us.navy.mil

Be assured that any information you provide will be held in the strictest confidence and divulged to others only in compliance with OPNAV 5380.1d acceptance and use of voluntary service in the Navy.

BACKGROUND

The Navy's vision is to develop and effectively utilize a total force, consisting of military Service members (active, reserve, and retired), government civilians, contractors, and volunteers to execute Navy's mission: supporting operational commanders with the right person and doing the right work, at the right time, with the right training, at the best value. Former Services members and employees can be an especially useful resource for all areas of volunteer service.

ADDITIONAL REQUIRED FORMS

*OF 306 Declaration for Federal Employment *DD2793 Volunteer Agreement for Appropriated Fund Activities

*SECNAV 5512/1 Department of the Navy Local Population ID Card/Base Access Pass Registration

SEND YOUR COMPLETED APPLICATION:

**Mailing Address NBVC, Bldg.
100 Port Hueneme, California
93043**

**Street Address—located just outside
the NBVC Knott gate
3201 S. Ventura Road Port
Hueneme, California 93043**

Or email to:

jose.a.valle14.civ@us.navy.mil



USNSM Volunteer Application

PERSONAL INFORMATION: Please provide a phone number by which we can reach you Monday through Friday during business hours to follow up on your application. You may also provide an email address for that purpose.

Please circle if you have: **US CITIZENSHIP** **GREEN CARD** **A1 OR A2 DIPLOMATIC VISA**

Name: Mr. Mrs. Ms. _____

Date of Birth (MM / DD / YY) _____

Street address, city, state, zip _____

Telephone number _____ Email _____

EDUCATION:

Level	Name/Location	Years attended	Diploma/GED	
High School	_____	_____	<input type="radio"/>	<input type="radio"/>
	_____	_____	Yes	No

College	Name/Location	Years attended	Field of Study
Undergraduate	_____	_____	_____
Graduate	_____	_____	_____

WORK EXPERIENCE: Please summarize your last 10 years of employment. When listing your work experience, show only the last 10 years. If you are retired, please consider the last 10 years you worked prior to retirement.

Position	From / to	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



USNSM Volunteer Application

PREVIOUS VOLUNTEER EXPERIENCE: Please summarize any prior/current volunteer positions

Duties	From / to	Organization
_____	_____	_____
_____	_____	_____

LANGUAGES: An ability to speak and understand a foreign language most likely will be used to greet and possibly guide foreign visitors. You would not be expected to explain highly technical programs. Reading and translating duties might involve assisting the staff in reading and responding to foreign language correspondence or in translating documents from the holdings of the archive.

Foreign language(s)	Speak/Understand	Can read and translate into/from	
_____	<input type="radio"/> Fluent <input type="radio"/> Proficient	<input type="radio"/> Easily	<input type="radio"/> Passably
_____	<input type="radio"/> Fluent <input type="radio"/> Proficient	<input type="radio"/> Easily	<input type="radio"/> Passably

Specialized languages:

American Sign Language Highly skilled Some ability

Braille Highly skilled Some ability

SPECIAL SKILLS: Check all that apply. The information that you provide will help us identify which activities at the U.S. Navy Seabee Museum might interest you the most and where you can make the greatest contribution to our programs.

I am skilled in:

- Data Entry
- Word Processing
- Excel
- Power Point
- Other _____
- _____
- _____
- _____

Do you have any other skills or particular interests related to volunteering? Please list:



USNSM Volunteer Application

EMERGENCY MEDICAL CONSENT FORM

THIS FORM IS FILED IN YOUR VOLUNTEER OR INTERN PERSONNEL RECORD. THE U.S. NAVY WILL CONTACT THE PERSONS YOU LIST IN CASE OF AN EMERGENCY AND ARRANGE TO TRANSPORT YOU TO THE NEAREST MEDICAL FACILITY.

EMERGENCY CONTACT INFORMATION:

Name: Mr. Mrs. Ms. _____

Date of Birth (MM / DD / YY) _____

Street address, city, state, zip _____

Telephone number _____ Email _____

Name: Mr. Mrs. Ms. _____

Date of Birth (MM / DD / YY) _____

Street address, city, state, zip _____

Telephone number _____ Email _____

EMERGENCY TREATMENT:

In emergencies requiring immediate medical attention, you will be taken to the nearest hospital emergency room. Your signature authorizes the U.S. Navy to have you transported to that hospital.

VOLUNTEER/INTERN SIGNATURE

DATE



USNSM Volunteer Application

AVAILABILITY: When are you available?

Days: Monday Tuesday Wednesday Thursday Friday Saturday

Hours: _____

COMMENTS: If you have anything else you'd like to share, or comments about your suitability, feel free to add them here:

REFERENCES: List two people who are NOT relatives, who know about your abilities and knowledge. It is important that you provide the names of two individuals who can be contacted to discuss your qualifications for a volunteer position. They will be informed of the reason for contact.

Name: _____ Name: _____

Street address _____ Street address _____

City, State, Zip _____ City, State, Zip _____

Telephone _____ Telephone _____

Email _____ Email _____

CERTIFICATION: I hereby certify that the information given on this application is true to the best of my knowledge. I consent to contacting references to confirm my abilities and knowledge.

Signature: _____ **Date:** _____