



1 National Guard Road - Columbia, SC 29201 - 803.299.4440 - scmilitarymuseum.com

Volunteer Application

Date: _____

Name: _____

Street Address/City/Zip Code: _____

E-mail: _____

Home Phone: _____ Work: _____ Mobile: _____

Date of Birth: _____ SSN: _____

Driver's License #: _____

Military Service:

Active _____ Reserve _____ National Guard _____ Retired _____ Branch _____

Dates of Service, if applicable: _____

Education Background:

High School Diploma: _____ If no, number of years completed: _____

College Degree: _____ If no, number of years completed: _____

Employer Information, if applicable:

Employer: _____

Street Address/City/Zip Code: _____

Dates Employed: From _____ To _____

Job Title/Duties: _____

Interests, Skills, Hobbies: _____

Days and Times Available to Volunteer:

Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Morning _____ Afternoon _____

Do you have any restrictions or health conditions which should be considered in assigning volunteer activities? YES/NO

If so, describe: _____

In case of emergency notify:

Name: _____

Address: _____

Phone(s): _____

Name: _____

Address: _____

Phone(s): _____

Blood Type: _____

By affixing your signature to this Application, the undersigned expressly agrees to hold harmless the SC Military Museum, the SC Military History Foundation, the Office of the Adjutant General, and the SC National Guard from any and all acts or omissions resulting in bodily injury to undersigned, arising out of the undersigned's status as a Museum volunteer while on the premises of the above-stated entities or in furtherance of said entities' business or operations.

Signature: _____ Date: _____

Museum Reviewer: _____ Date: _____

For Office Use Only: _____